

SIX SESSIONS:

A STUDY IN THE DISCOURSE ANALYSIS OF AN EXAMPLE OF
COGNITIVE BEHAVIOR THERAPY IN A SOCIAL WORK CONTEXT

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Submitted in partial fulfillment of the
requirements for the degree
of Doctor of Social Welfare
in the School of Social Work

COLUMBIA UNIVERSITY
1987

D.S.W. converted to
Ph.D. in 2011

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ABSTRACT

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This study attempts to document the process of change in an example of cognitive behavior therapy conducted as part of a larger research project in the effectiveness of this approach with parents having a potential for child abuse. One example of therapy was chosen for in depth analysis using a discourse analysis approach based on that of Labov and Fanshel (1977). Tape-recordings of the eight meetings between the client and the therapist--six therapy sessions, and two additional sessions to administer a pre and posttest questionnaire required by the larger study--were transcribed. Selected segments of these transcripts were subjected to a micro-analysis, the aim of which was to identify evidence of therapeutic change.

Although the client did not follow the therapist in every respect, considerable evidence was found of a process of change--which began prior to the first therapy session with the with the research oriented questionnaire session and ended with the final questionnaire session. Certain moments in the dialogue, which occurred in nearly

every session, were especially significant in revealing change. Through the sessions, a process was identified in which the client adopts, but also adapts ideas put forward by the therapist.

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ACKNOWLEDGEMENTS

The development and completion of this study could not have occurred without the consultation, assistance and support of numerous individuals. In particular I would like to thank Dr. David Fanshel, my dissertation advisor, who was generous with his time, his guidance and his suggestions. I would also like to thank Dr. Herve Varenne of the Department of Family and Community Education at Teachers College whose assistance during the early stages of the project was essential and motivating.

I am also grateful to Dr. Martin Whiteman, who along with Dr. Fanshel conducted the larger study from which the data for this study came, and who made this data available for me to use.

I would also like to thank Dr. Clifford Hill of the Department of Languages, Literature, and Social Studies in Education at Teachers College, who agreed to serve on my dissertation committee and who provided many useful suggestions.

I would like to offer special thanks to my graduate student colleagues, Clyde Griffin, Drs. David Charnow, and Janet Geller, as well as Kate Hoekstra, the therapist whose work I subjected to such close scrutiny, all of whom listened to tapes with me and provided support and valuable suggestions.

Finally I would like to express deep appreciation to

family and friends for their support and tolerance
throughout the long process of this research.

CHAPTER I

INTRODUCTION

The purpose of this study is to document the process of change through the social work interview. It looks at one example of a six session brief treatment conducted as part of a research project. In the example chosen, positive change was demonstrated by a research instrument, a set of questionnaires administered prior to and following the therapy. This study, however, looks at the actual process by which change occurred moment-to-moment through the six sessions.

This research is stimulated by the author's concern with the process of change as it is achieved through the medium of the clinical interview in social work, and specifically in psychotherapy. Often in therapy change takes place without the therapist being able to say, except in a general way, how it came about or in what way it was specifically attributable to what took place in the therapy session. Where the goals of therapy are not met, the reason is, likewise, not always clear, except on the same general level, even to an experienced therapist. For this reason, it is often difficult to train students to effectively monitor their performance in the interview. Researchers into therapy interaction (e.g., Pittinger, Hockett, and Danehy, 1960) have reported a process whereby each person's experience is made up of perceptions selected from the ongoing stream of events and incorporated into

a memory of what has occurred. This stream of events, however, contains myriads of details, far too many for any individual to attend to, and therefore most of them go unnoticed or passed over, albeit to different degrees by trained and untrained observers. The actual processes of interaction are carried in these details. As such, these processes are not visible in themselves without taking some special measures to bring them into view.

To bring these processes of interaction into view is analogous to the study of nature by means of time-lapse or slow-motion film or by super-high-speed photography. There are significant features in the life processes of animal and plant species which can only be studied by either slowing them down or speeding them up. Just as in a time-lapse film of a flower opening it is possible to observe things which are not observable otherwise, it should be possible in a "slowed-down" view of the interaction in psychotherapy to observe the processes by which interaction between a therapist and a client lead to change in the situation for which the client has come for help.

Scheflen (1965) has observed that the processes of psychotherapy are best viewed as those of communication, and that the appropriate frame of reference for investigating these processes is an analysis of their structure as communication. This study will carry out this investigation by means of an approach known as discourse analysis, which will be the means of providing a slowed-down view of

the psychotherapy interaction, and thus make accessible the underlying processes.

In this research, discourse analysis will be used to study a series of six tape-recorded interviews comprising one complete brief therapy. This therapy was conducted as part of a larger research project on the use of cognitive behavior therapy in a brief treatment format in working with parents who expressed difficulty in controlling their anger toward their children, and, therefore, were at some risk of abusing them (Whiteman and Fanshel, 1986).

The cognitive behavioral approach used in the larger study posits that a change in a person's thinking concerning a particular problem will lead to a change in how that person acts to solve the problem. The guiding assumption behind the therapy being studied was that the difficulties these parents were experiencing were due either to a lack of an effective means for managing anger or to the use of anger as a solution to problems for which other, more effective, solutions were possible. The idea was, if a parent can avoid extreme anger, then he or she can also avoid hitting, and the risk of abusing, as well.

Although the larger research project did not focus on the parents' actual behavior, except through their own reports, changes in cognition regarding anger were measured by means of a questionnaire administered prior to the beginning of the therapy and after its ending. However, the actual process by which change was facilitated

is also available, preserved in the tape recorded dialogue of the therapy. While the current study goes beyond the pre and posttest measures which confirmed change, and looks at the processes by which the change occurred, it is not, as was the larger, study intended as an evaluation of the effectiveness of cognitive behavior therapy. Rather, the major research question it asks is: what can we learn from the therapy dialogue itself about how a client uses the therapy interaction, specifically in this form of therapy, to achieve a change in his or her thinking regarding a particular problem, and to work toward a solution of that problem? To do this, this research will look at the process one parent went through with one therapist in changing her perceptions regarding her difficulties with her seven-year-old child, and her ability to manage these difficulties.

Discourse analysis is a strategy of investigation with roots in a number of different fields: linguistics, anthropology, sociology, philosophy, and literary criticism. It looks at written and spoken texts in an attempt to comprehend either internal organization, general principles of spoken or written discourse, or levels of meaning and signification within the text either consciously intended by the producer of the text or not. It has been used to investigate such diverse phenomena as how classroom instruction actually takes place (Stubbs, 1983), under what circumstances do groups who speak more than one

language or dialect switch from one to the other (Bernstein 1972; Trudgill, 1974), how we understand the point of view of a character in a novel (Pratt, 1977) how black teenagers perform ritual insults (Labov, 1972), how is a topic used to maintain cohesion in conversation (Erickson, 1981), how literary texts cohere (Halliday and Hasan, 1976), how people establish who they are in a conversation (Shenkein, 1978) or switch speakers within a conversation (Sacks, Schegloff, and Jefferson, 1978), and what intrapsychic or interpersonal processes are at work in a psychotherapy interview (Pittinger, Hockett, and Danehey, 1960; Labov and Fanshel, 1977), which is the concern of the present study.

As a study in discourse analysis, this research is conceptualized as standing in the tradition of ethnographies of specific speech events in line with Hymes's (1964) call for an ethnographic approach to speaking.* Among the major studies in this tradition, many of which have concerned themselves with psychotherapy, are those of Pittinger, et al (1960) McQuown, et al (1971), Erickson

*A speech event is any occasion in which speech is used as the major form of the interaction among individuals. A greeting is a speech event, likewise a radio talk, likewise a therapy session. A swimming meet, even though there may be talking involved, is not a speech event. The ethnography of the speech event is an attempt to describe a particular speech event from the standpoint of its structure, and the relationship of the participants to each other, as an ethnographer would describe a tribe or a village. Questions of meaning are involved in ethnographies of speech events, just as they are in other types of ethnographies.

(1981), and, of particular relevance for the present work, Labov and Fanshel (1977).

My aim in this research, locating evidence of the processes of change amidst the myriads of details of conversational interaction, calls for an approach which can deal with the detail and complexity of the data. The natural history method has been used in previous studies of psychotherapy, and offers the greatest promise of fulfilling the aim of this research.

According to Scheflen (1973), the natural history approach is appropriate when "a research question involves relations and integration per se," and its central concerns are ones of "meaning, function and reference," and when it is necessary "to reconstruct ideas of systems interaction, or processes" (p. 395). He distinguishes the natural history method from "methods based on purely clinical description, intuition, and consensual validation" (p. 397). McQuown (1973) describes the natural history approach as "a step by step exploration...employing fully explicit discovery conductive frames and fully specified discovery facilitating procedures, in an open ended series of fully retracable discovery steps" (1973, p. 431).

Microanalysis, as a strategy for studying conversational data, looks at spoken communication at the level of its greatest detail. It takes into account the interactional significance of pauses, false starts, and si-

lences, as well as the content of what is said, and attempts thereby to ferret out the latent as well as the manifest content of the talk. This approach has been taken to its furthest level of development by Labov and Fanshel. They comment that:

The studies that appear to us most promising for the understanding of conversation share one feature: they examine meticulously at least some details of recorded verbal behavior. Those who examine conversation closely seem to agree that it is a highly determined phenomenon, with intricate structures which have not been penetrated to any significant depth (1977, p. 20).

There have been a number of strategies for micro-analysis devised by different investigators. The strategy I have adopted here will be based on that used by Labov and Fanshel, which deals more systematically with questions of meaning and interaction in conversation than any other approach. This strategy will be detailed in Chapter III.

In accordance with the aims of this study I will examine one set of recorded therapy sessions from start to finish rather than, as with previous studies, a single session, a small portion of a session, or a sample of sessions with different therapists and different clients. The advantage of this approach is that it allows an investigation in considerable depth over the course of an entire therapy, and, as Labov and Fanshel point out, concentrating on a single interaction in this way compels the investigator to be "accountable to [the] data" (1977, p. 7).

Allport (1947) draws the distinction between nomo-

thetic studies, those which look at a great many cases in order to derive general laws, and ideographic studies, which look at the uniqueness of a particular case. His argument for the acceptance of the ideographic perspective in psychology is applicable for social science research in general. He observes that:

Acquaintance with particulars is the beginning of all knowledge--scientific or otherwise. In psychology the font and origin of our curiosity in, and knowledge of, human nature lies in our acquaintance with concrete individuals. To know them in their natural complexity is an essential first step. Starting too soon with analysis and classification, we run the risk of tearing mental life into fragments and beginning with false cleavages that misrepresent the salient organizations and natural integrations in personal life. In order to avoid such hasty preoccupation with unnatural segments and false abstractions, psychology needs to concern itself with life as it is lived, with significant total-processes of the sort revealed in consecutive and complete life documents. (1947:56)

However, as Labov and Fanshel point out, "every conversation is, of course, a union of particular situational factors and...general conversational principles" (1977, p. 8), and generalization from a particular case is sometimes possible. In minutely examining the particulars of the therapeutic conversation they studied, they were able to reveal certain general principles underlying conversation as a whole. Here, too, although it is not the explicit aim of this study to discover general principles, the minute examination of a particular conversation should, nevertheless, illustrate the operations of principles underlying therapeutic conversation in general.

Background of this Study

The therapy which constitutes the data for the study was part of a larger research project (Whiteman and Fanshel, 1986) on the use of cognitive behavioral therapy with parents who were experiencing difficulties controlling their anger toward their children. The aim of this project was to investigate whether any or all of four cognitive behavioral approaches are effective in reducing what has been conceptualized as "'supportive anger', i.e., the more fitful, situation-tied, child directed anger that supports specific abusive acts." This was distinguished from characterological anger, which was not a focus of intervention." (Whiteman and Fanshel, 1986, p. 2).

Fifty-five client/subjects participated in the larger project, which was funded by Childhelp International Inc., and carried out by Drs. Martin Whiteman and David Fanshel, of the Columbia University School of Social Work, as principal investigators, and four social work doctoral candidates of which this author was one, as therapists/research associates.

The client/subjects were individuals already active with one of two social service agencies. The first of these was a special project unit of Special Services for Children (hereafter SSC), the New York City agency with responsibility for child welfare matters. This unit provided intensive casework services as a means of avoiding foster care placement with a caseload of abusing or neg-

lecting parents whose children remained at home. The second agency was the Children's Aid Society of New York (hereafter CAS), which runs neighborhood centers offering a variety of services, including, among other programs, afterschool programs for children, and mental health clinics, in a variety of New York City communities. Originally, it was intended that the agency staff members who worked with the clients would be present during the therapy sessions and learn the cognitive behavioral techniques. However, this proved not to be workable, and agency personnel were present during very few of the therapy sessions.

The SSC clients, of whom fifteen participated in the study, were parents who, by definition, had already come in contact with the child welfare system, for problems with child abuse or neglect. They were described as "indicated child abusers." That is, they may not have been actively abusing a child at the time, but the agency felt that a strong potential existed for abuse. The CAS clients, forty in all, had not as a rule come in contact with the child welfare system. Rather they were either identified by a staff member or, in some cases, self-identified as someone who could use help in managing anger toward a child.

Client/subjects were selected in the following manner. First, staff members at the two agencies were asked to identify individuals from their own caseloads who

might be appropriate for the project. When a referral was made, there was an initial discussion between the agency staff member and one of the therapists from the research project. Following this, referrals were discussed at a project staff meeting, and either accepted or not by the entire staff of the project. Each potential client/subject who was accepted, was then contacted, usually by the SSC or CAS staff member with whom he or she had had contact. A meeting was then arranged between the potential client, the therapist from the project, and whenever possible, the the agency staff member. Clients had the option of participating or not, but those who participated received payment of \$10 per session. There is one exception to this method of selection. One of the CAS centers chose not to have its staff identify potential clients, but to make participation open to all parents involved in its programs. They sent out a general mailing to all parents describing the project, and inviting those interested to volunteer. The client in the therapy studied here was one of this self-selected group.

The research strategy for this project was a sort of hybrid, a formal experimental study carried out under the conditions of a field test. As such, the study design followed as closely as possible the protocols for experimental research, but made allowances where needed for the uncertainties of actual child welfare practice. The subjects were assigned randomly to one of four treatment groups, or

to a control group, and to one of the four therapists. Each treatment group received a different cognitive-behavioral approach: a relaxation technique, a problem-solving technique, a cognitive restructuring approach, or a composite technique made up of the other three. In the therapy studied here, the problem-solving technique was the one used (see below and also Chapter VI for a description of this technique). A pre and posttest instrument, a questionnaire entailing both open and closed ended questions was administered to all subjects, those in the control group as well as those receiving the therapy. All sessions, including the pre and posttest sessions were tape recorded. The therapy for the present study was selected from among this body of tapes.

The client in this therapy, "Wendy," was a woman in her mid-twenties. She was of West Indian background, but she had lived most of her life in the United States. Her ethnic self-identification is not known. She had completed high school, and at the time the therapy was in progress, began working part time as a clerk in a downtown store. At the time of the therapy, she was a single parent, since her husband had recently been sent to prison. The details are not altogether clear, but he had apparently, after being free for a number of years, been sent back to finish a sentence on an old charge. He expected to be released within several months following the time the therapy took place.

Wendy had two children, a seven-year-old boy, "Nicholas, "who was the focus of her reported difficulties, and a three month old infant, "Michael." She had not previously been identified as someone in need of child welfare or therapeutic intervention, but was one of those parents who volunteered, having received the mailing about the project because her son was in a play group at the CAS center. She volunteered based on her own recognition of her difficulties in handling anger with her son, and on her feeling of inability to control him. It later came out though that she was under the erroneous impression that she had been selected by the center staff as someone in need of this sort of help.

As with almost all subjects, there was no explicit discussion of possible child abuse as a reason for joining the study. In this case, while Wendy freely admitted to hitting her son more than she was comfortable with, it is not clear whether this hitting constituted actual abuse.

The therapist was a woman in her early forties; she had practiced social work for two years between receiving her masters degree and entering the doctoral program. Prior to entering social work school, she had been a high school English teacher for twelve years. She was married and had children in college. Her background was Irish-American.

My intent in selecting an instance of therapy to study was to avoid potential complications in the inter-

pretation of spoken communication posed by differences between the participants in gender and cultural background. The assumption was that the further apart the participants were in background, the more likely miscommunication of an unpredictable sort was to occur. Therefore, this particular instance of therapy was selected from the over thirty completed therapies because only in this instance were both the therapist and client female, and the client not identified as either black or hispanic. My assumption was that the therapist and the client were of the same the same general ethnic background, both white American. It was only after work had begun on analyzing the tapes that I learned that the client's background was different from what I had assumed. However, in this interaction, social class, rather than cultural background seem to constitute the major dimension of social difference.

The problem solving technique which was used in the therapy entails a series of steps. In the first of these, the client is assisted in reformulating a troublesome situation as a specific problem, susceptible to a specific solution. Next, the client is encouraged to brainstorm and list all possible solutions to the problem, no matter how farfetched. Following this, the positive and negative aspects are considered for each solution listed. Then, when one solution is chosen, the client is assisted in making a plan for its implementation. In the next ses-

sion, progress is reviewed, and, depending on the success of the intervening week's efforts, the client and therapist choose either a new problem to work on, or a new means of solving the old problem.

In the course of the therapy, Wendy was able to make some significant changes. She had asked for help at a point when she had decided that she no longer wanted to continue treating her son, as she had been, yelling at him and hitting him. However, since her husband was taken out of the household, Nicholas had become difficult to control, and her problem, which emerges strongly in the early sessions, was that, without yelling and hitting, she had no way to control him.

In the pretest and in the first therapy session the therapist tried to get Wendy to see herself as capable of controlling Nicholas. However, in the second session the focus changed. Wendy told a story in which Nicholas was misbehaving, and was rebuked, actually verbally attacked, by her sister. Wendy, who comes across in these sessions as a rather timid individual, easily intimidated by other adults and by Nicholas as well, was clearly uncomfortable that her sister had acted the way she did in her presence, but had not felt able to confront her about it. In this session, however, the therapist pushed her to take his side and stand up for him, and this became the lever of change in the therapy. This becomes apparent in the highly emotional third session. Wendy again began with a

complaint about Nicholas's behavior, but in the discussion which followed her feelings of inadequacy as a mother emerged. The therapist responded by strongly endorsing her as a good mother, and the session ended with Wendy again bringing up an incident in which Nicholas had been the object of another adult's criticism, but this time her point was not that he had been misbehaving, but that he had been treated unfairly, and she strongly took his side.

In the following sessions, in one form or another, Wendy would bring up another person's unfairness to Nicholas, and as she came to take his side more strongly, her complaints against him decreased and her reports of not being able to control him also became less frequent. In the final meeting, the posttest session, Wendy contrasted herself with her mother, who was unable to control Nicholas, while she now could. She and Nicholas had made a pact, and within this, Nicholas cooperated with Wendy. However, it is also possible that a new sense of confidence had also made Wendy more forceful with Nicholas, and he therefore less able to take advantage of her weakness.

The underlying reason for the therapy was Wendy's inability to manage her anger toward Nicholas, which stemmed largely from her inability to control him. That this set of circumstances frequently is at the root of abusive incidents is amply demonstrated by Kadushin and Martin's (1981) work on child abuse as an interactional event. However, in the sessions, paradoxically, anger as a topic

did not play a major role. It is likely that for Wendy, anger, toward Nicholas, or in general, was a topic that was emotionally too dangerous to examine. She typically would mention her anger toward Nicholas, or allude to it and then let the subject go, but in her manner of speaking, hesitation, false starts, frequent pauses, frequent use of euphemisms, there was ample evidence of emotional turmoil as she struggled with whether she could accept her anger and the way it led her to treat Nicholas. Efforts by the therapist to have her look at her anger, no matter how supportively they were presented, generally proved unsuccessful.

Nevertheless, over the course of the therapy, Wendy's anger toward Nicholas definitely seemed to lessen, perhaps because the focus of her anger shifted outward, away from Nicholas and towards others whom she felt were unfair to him, and by extension to her.

Although the focus of the therapy was on the cognitive behavioral technique, this focus was carried out within the standard framework of the social work interview, including the development of a relationship characterized by what Northern (1982), drawing on a formulation originally stated by Truax and Clarkhuff (1967), describes as a stance of "nonpossessive warmth" and "genuineness," as well as the use of such specific interventions as support, ventilation, instillation of hope, exploration, clarification, and education and advice (1982, pp. 97-

126).

The Social Work Interview

Fanshel (1980) has urged social work to undertake more "process research" into "the transactions that routinely take place between social work practitioners, their clients, and relevant social institutions" (p. 11). He points out that "although the recurrent events of service delivery are experienced as routine occurrences, it has long been recognized that these events need to be comprehended more fully, particularly if the profession is to identify the skills required for competent professional performance" (p.11).

The interview in social work is the most frequent of those recurrent events, and as such constitutes the basic tool for the profession. Therefore, any addition to our understanding of the processes at work in the interview situation, and of how change comes about through the medium of the clinical interview would be useful to the field. An enhanced sensitivity to the complexity of the communicational processes, such as, for example, can be gained from the work of Labov and Fanshel (1977), and to those elements of the unfolding interview which are potentially indicators of change, should assist practitioners, including students and beginning practitioners in monitoring their own work, and also would aid in teaching students to do so.

Expertise in conducting the clinical interview is a difficult discipline to acquire, as any comparison of the work of experts with that of beginners reveals. While the beginner's interviewing style is often choppy, as the interviewer finds it difficult to follow what the client is saying and his or her emotional processes, and to build on them. Also, the beginner often interjects his or her own agenda and priorities in inappropriate ways. The interview conducted by an expert, on the other hand, often appears deceptively simple, and almost like ordinary conversation. The expert has managed to master the skills of following conversational process and of giving the interview a shape and a direction. The expert's interview will have a coherence and a flow which the beginner lacks. These, of course, are inexact terms, but their referents are easily recognizable in looking at interviews.

Social work interviewing has traditionally been taught using two methods. Classroom instruction concentrates on general principles, with discussion of actual sessions reported from memory, while field instruction often uses process recordings, written reconstructions of sessions done from memory, and also discussion of sessions reported from memory. Some work is done with audio or video taping of sessions, but it is not the rule. Widely used textbooks on interviewing (Garrett, 1982; Kadushin, 1983; Schulman, 1984) have also concentrated on principles, with either reconstructed summaries or interviews (Garrett,

1982), or small samples of dialogue (Kadushin, 1982; Schulman, 1984) used as illustration. Students, therefore, have surprisingly little opportunity to study actual conversational processes as they occur through the course of actual interviews, their own or those of others. This research project, then, is an attempt, building on earlier work within the field (Hollis 1968, and 1981; Mullen, 1968a, and 1968b; Pinkus, 1968; Reid, 1967; Fanshel and Moss, 1971; Labov and Fanshel, 1977; and Schulman, 1981) to bring to social work a greater awareness of the interactional process within the interview.

Increased understanding of the actual conversational processes, and of their multilayered and complex nature, allow to student, and the fully formed professional, as well, to see where and how indicators of change can be recognized. The social work interview is paradigmatic as a situation in which problems of communication must be overcome, at least to some degree, in order for work to proceed successfully. Problems of understanding, of being understood, and of following the course of the interview, occur to a greater or lesser degree in almost every encounter. Further, social workers work in many situations in which mutual agreement as to the nature and purpose of the interview is problematical, as in work with mandated clients, with children, with persons whose command of English is imperfect, or whose cultural assumptions are different from those of the social worker. With these

types of situations, the ordinary problems of communication which occur in the social work interview are magnified. Careful study of these types of interview situations, as well as others should clarify some of the problems which routinely occur. This should allow inexperienced interviewers to become aware of these problems and learn to anticipate them.

While it is not humanly possible to attend to everything that is going on in the course of a clinical interview, an awareness of the processes which are at work should allow the practitioner to be more effective in directing his or her attention to what is potentially significant. The study of such material should allow students and others to gain a greater awareness of the conversational process in the interview, to make use of opportunities which would otherwise be missed, and to avoid mistakes. Knowledge which leads to this end will contribute to more effective interviewing, which in turn will contribute to more effective practice.

CHAPTER II

RELATED LITERATURE AND THEORETICAL CONSIDERATIONS

In this chapter, I will review the relevant literature in three areas. The first is issues related to the question of change in cognitive behavioral therapy, the method used in the therapy studied here; the second is studies of the clinical interview, and the third is the research tradition of discourse analysis.

Practice Theory

The discussion of cognitive change which follows will begin with a consideration of cognitive behavioral therapy. It will then go on to consider elements of other approaches which address relevant concerns. As Wolberg (1977) has pointed out, while there exists within the enormous range of psychotherapies practiced today a considerable variety of explanations of how change happens and what a therapist needs to do to facilitate change, there is also considerable overlap among the various schools of thought. Considerations addressed by one school may be handled similarly by another approach, or may be relevant to problems which another approach does not explicitly address.

Cognitive Behavior Therapy

Michenbaum and Cameron (1980), in a discussion of the current issues in cognitive behavior modification, observe

that the term is actually a catchall, applied to, "a wide variety of therapeutic techniques that are based on a number of different conceptual models," (1980, p. 4). They see the unifying elements among these approaches as interest in the nature of client cognitions, in modifying these cognitions, and in the use of techniques derived from behavior therapy to promote change. They offer a model for cognitive behavior therapy which is specific as to what occurs in the course of therapy and to what the therapist does to bring about change.

This model contains three separate phases, although with considerable overlap among them. Each phase contains several distinct tasks. The types of interventions for the therapist are fairly specifically described. They include, for the initial phase, training the client in self-observation skills, which they see as common to virtually all forms of therapy. They break self-observation down into self-monitoring of behavior and cognitions, and developing, "a more differentiated understanding of the problem," (1980, p. 34). Other tasks for the therapist include helping the client to develop the ability to carry out the new behaviors necessary for dealing with the problem--second phase--and having the client note and discuss in therapy the changes which have occurred in the course of everyday life--third phase.

Berlin (1982) addresses the role of cognitions as both the cause and the effect of experience. They are

influenced by past and present environmental circumstances, but also give meaning to the environment. The therapist works with the client's cognitions and helps the client to perceive problems as understandable and solvable. She sees interventions as focusing on several areas: on the client's situation in locating opportunities, obtaining support, and avoiding "brick walls;" on actions to alter the environment; on promoting awareness, allowing the client to test reality and to make adjustments in basic assumptions; on the use of emotions, experiencing feelings differently, accepting feelings which had previously been deemed unacceptable, and in the use of emotions as sources of information; and on the development of such skills as problem solving. Clients are encouraged to become active agents in the therapy, and therefore to gain experience in problem solving to draw on in the future. The therapist's role in promoting cognitive change revolves around the understanding of the client's current conceptions and building from that point.

Barth and his co-workers (Barth, 1985; Barth, Blythe, Schinke, and Schilling, 1983) have used cognitive behavioral techniques to address the problems of adolescent mothers with a history of abuse or neglect. They have focused on depression as a predisposing factor to child-maltreatment, and have attempted to teach a set of coping skills as a means of overcoming depression. Interestingly, Barth concludes that, "While the cognitive-

behavioral techniques are empirically based and sound, the 'active ingredient' of these methods, in the author's opinion, is the activity of the clinical social worker and the worker's expectation for client participation" (1985, p. 328).

In contrast to Barth, the study from which this research takes its data (Fanshel and Whiteman, 1982) draws on Novaco's (1976a; 1976b) work in the use of cognitive techniques in the management of excessive anger, and conceptualizes anger as the salient link in the chain leading to abuse. Novaco points out that anger can have both beneficial and negative effects, but while suppressed anger is, "easily addressed by a variety of psychotherapies, the overexpression of anger has been a more refractory problem," (1976a).

He describes an approach based on Michenbaum's (1974) work in which, "self instruction was used to induce the client to remain task-oriented when faced with a provocation, to use arousal signals as cues for nonantagonistic coping, and to experience personal control during provocation incidents," (1976b).

These authors describe, with considerable variation in emphasis, a general approach to a therapeutic orientation and some applications for this approach. In the next section, I will look at some further issues related to the question of therapeutic change in therapies of the type which this research examines.

Other Relevant Practice Theory

The proponents of the Task Centered approach in social work (Reid and Epstein, 1972; Reid, 1978; Epstein, 1980) discuss the use of time in a brief treatment model of therapy. Citing research which shows that much of the therapy undertaken in clinics is of brief duration, not by design but because after a certain point the client simply drops away (Reid and Epstein, 1972), they outline an approach to therapy in which the duration of treatment is set by arrangement between the therapist and the client. Usually it is eight to twelve weeks.

Similar to cognitive behavior therapy, these authors see the goal of therapy as the client's accomplishing a specific task agreed upon by the client and the therapist, the accomplishment of which will serve to alleviate the problem which brought the client to seek help. In this model, time is an important dimension. While, unlike with Michenbaum and Cameron (1980), no formal phases are designated, the first one or two sessions are reserved for the exploration of the problem and for reaching an agreement on what is to be the goal of the therapy. Following this, the task or tasks to be accomplished are identified, and subsequent work is directed toward the client's accomplishment of the agreed upon task. In the final session there is an evaluation, and a possible recontracting for a specific number of further sessions either to continue work on the

originally identified problem or to work on a new problem.

Commenting on the ability of short term treatment used in mental health clinics to achieve a favorable result, Wolberg (1980, p.10) observes that in clinics which have adopted short term approaches, "an improved remission rate among patients and a heightened staff morale," has been reported. Klier (1981), however, comments on a tendency of clients to drop out of therapy, even with planned short term treatment. She reports that in a study of the use of brief treatment conducted at a private multiservice agency, only 60 percent of a sample of sixty clients remained in treatment until the agreed upon termination. She hypothesizes that clients drop out when they experience a feeling of relief, and therefore may miss the skill building phases of treatment.

One issue which arises in an effort to identify indicators of positive cognitive change in therapy is resistance to change. According to Wolberg (1977):

Resistance may take myriad forms, limited only by the repertory of the individual's defenses. The patient may spend time on evasive and aggressive tactics: fighting the therapist; or proving he is wrong; winning him over with gestures of helplessness, praise, or devotion; or seeking vicarious means of escaping or evading the treatment. Fatigue, listlessness, inhibitions in thinking, lapses in memory, prolonged silences, intensification of complaints, pervasive self devaluation, resentment, suspiciousness, aggression, forced flight into health, spurious insight, indulgence in superficial talk, engagement in irrational acts and behavior (acting out), and expressed contempt for normality may occupy the patient to the detriment of his progress (1977, p. 610).

Although cognitive behavioral and related approaches

do not dwell on resistance as a major area of concern, and while in short term therapies, the same richness of interaction may not have the chance to develop as in extended treatment, it is unlikely that even the briefest therapeutic encounters will be wholly devoid of manifestations of the types of resistance which Wolberg lists. The importance of the phenomenon is underscored by the fact that at least one study of therapeutic interaction (Labov and Fanshel, 1977)--involving psychoanalytically oriented and open ended therapy rather than a cognitively oriented, time limited approach--found resistance to be a major element in the therapy session studied. In this study, the client's contributions in the sessions are conceptualized as sites for evidence of therapeutic change. Therefore, along with positive indicators of change, specific manifestations of resistance are relevant to the question of whether change is occurring or not.

Although the practice theories cited are generally not explicit as to indicators of change, the following dimensions of the therapeutic interaction can be extrapolated as areas in which evidence of cognitive change or its absence are likely to be found: the therapists interventions and the client's responses to these interventions; the use of time--whether or not the therapy is progressing within the six session limit; indicators of resistance on the part of the client; the therapist's efforts to counter any perceived resistance; and the client's responses to these

efforts.

Studies of the Clinical Interview

The clinical interview has been a much studied phenomenon, and a comprehensive review of studies of psychotherapy and of the interview as an interpersonal process would very likely run to enormous size, and therefore is outside the scope of a discussion of this nature. Rather, the discussion which follows will look at some selected issues in the study of the clinical interview, and will look more closely at the tradition of discourse analysis, which is immediately relevant to this study.

Within social work one early study of the clinical interview was that of Reynolds (1932). Concerned with what she saw as the over-long process of information gathering in foster care, she conducted a set of demonstration interviews at a foster care agency to investigate whether sufficient material for, at least preliminary, decision making could be obtained from a single interview. She presents synopses of these interviews with persons applying to be foster parents or to place their own children in foster homes. Following each synopsis, she gives an analysis showing what could be learned regarding the character, living situation, and probable motivation of each applicant. She concludes that the interview is in fact a rich source of information, and that students can be trained to

use it as a basic source of data for arriving at more rapid decisions than were then the custom.

The late 1950s and 1960s, brought a body of studies concerned with the processes of interaction in the therapy session (Heller, Myers, and Kline, 1963; Houts, MacIntosh and Moos, 1969; Lennard and Bernstein, 1960; Moos and Clemes, 1967; Polansky and Kounin, 1956, and Van Der Veen, 1965, and in social work those of Hollis and her associates: Hollis, 1968 and 1981; Mullen, 1968a and 1968b; Pinkus, 1968; and Reid, 1967, among others). All of these looked, in various ways, at questions of reciprocal interaction between the therapist and the client. These studies used a variety of research strategies: postsession interviews (Polansky and Kounin, 1956); observation of interviews involving therapists in training with actors portraying clients (Heller, et al., 1963); analysis of tape recorded interviews of actual therapy sessions (Lennard and Bernstein, 1960; Houts, et al., 1969); or of process recordings of therapeutic interviews (Hollis and her associates), and designs in which a selection of clients and therapists rotated, the clients being either observed or tape recorded in separate interviews with each of the therapists, and the therapists, in turn, seeing all of the clients in the study (Moos and Clemes, 1967; Van Der Veen, 1965). All of these studies found evidence for considerable mutual influence between client and therapist.

Polansky and Kounin (1956) in an exploratory study of the helping relationship looked at some of the determinants of the client's notion about the future role of the helping person--whether this person will be helpful in the future and how strong a desire the client will have to continue seeing this person. They present the following paradigm of the interview process:

- a. The interviewer is perceived by the client as doing things;
- b. Some of these actions produce tension-changes in the client (felt as satisfactions and dissatisfactions);
- c. These tension-changes influence the kinds of global judgments the client makes about various aspects of the interviewer and of the interview experience; and
- d. As a result of these tension-changes and judgments, the client formulates expectations of the interviewer's role in the future, which influence the kind of commitment he feels ready to make to the interviewer (p.242, emphasis in original).

Their data came from 150 post-session interviews following a client's initial contact with a helping person. These interviews were conducted in a variety of settings immediately following the sessions. They concluded that "certain attributes of the interviewer e.g. competency, ability to help the client gain insight, were predominantly associated with problem-centered tension-change; others; e.g. being unhurried, sincere, benign, responsive, with relationship-centered tension-change" (p. 261). They report that the cluster of client judgements which they identified as relationship-centered "include indices that correlate with the client's willingness to

see the interviewer again" (p.261). Those client judgments associated with problem-centered satisfactions concern the client's perception of the interviewer's cognitive clarity and anticipated thoroughness, were found to be related to the client's willingness to follow the interviewer's advice.

A major study of the processes of interaction in psychotherapy is that of Lennard and Bernstein (1960). Nearly 500 hours of transcripts were studied from recorded therapy sessions with eight client-therapist pairs. The intention of this study was to produce a multidimensional description of psychotherapy as a process. The authors describe such dimensions as differentiation over time, over the course of therapy, and within the session, specialization of behavior, the interdependence of the therapist and the client, equilibrium processes, therapy as an informal exchange system, and others. This work drew on concepts of systems theory and communications theory which were also to influence the discourse analysis tradition.

The systems theory framework was also shared by a group of studies which came in the mid- to late-1960's. Moos and Clemes (1967), Houts et al. (1969) and Van Der Veen (1965) all looked at reciprocal aspects of the client-therapist interaction from this standpoint. Van Der Veen' (1965) work is representative of this tradition. Concerned with the fact that certain patients are more difficult to work with than others, that certain thera-

pists appear to be more successful than others, and that certain patient-therapist combinations work better than others, he hypothesized that "the therapist and the patient influence each other's therapeutic behavior and that the therapeutic behavior of one is positively related to the therapeutic behavior of the other" (p. 21). He hypothesized sets of variables specific to the patient and therapist roles, which expressed such features of the therapy relationship as "levels of problem expression" on the part of the patient and "level of congruence and accurate empathy" on the part of the therapist as functions the behavior of both the patient and the therapist. Using tape-recordings and transcripts of interviews with three patients--each of whom were seen by five therapists--which were rated on a variety of patient and therapist variables, he concluded that "the results supported the general hypothesis that the therapist and the patient influence each other's therapeutic behavior as well as their own and that the therapeutic behavior of one is positively related to the therapeutic behavior of the other" (p. 26).

In social work, Hollis's (1968; 1981) work in developing a typology of casework treatment spurred others to make use of her framework to investigate various questions related to the social worker-client interaction. Working with process recordings prepared by experienced social workers, she developed a identified a set cate-

gories for classifying client and worker communications which included: sustainment, direct influence, exploration-description-ventilation, person-situation reflection, pattern-dynamic reflection; developmental reflection; and an unclassified category.

Using this typology, she "attempted to answer such questions as 'What are caseworkers really doing? What procedures do we use? [and] Where do we put our emphasis?'" Using experienced social workers as raters, she recorded the frequency of the different categories of communication within an interview, and found that client talk often outweighed worker talk three to five-fold, and that "the client's need for unburdening and the worker's need to learn as much as possible about the situation put the emphasis on ventilation-description-exploration in the first interview....the workers increased understanding of the situation, the client's need for more definitive responses, and often the client's growing readiness for understanding lead to greater understanding on the worker's part in subsequent interviews" (1981, p.349-350).

Using this typology, others investigated such questions as, "What treatment procedures are used by experienced caseworkers in counseling individuals having trouble with family relationships?" (Mullen, 1968b, p. 547); "the effectiveness of different service patterns in the treatment of problems in family relations" (Reid, 1967, p. 11); whether the choice of insight-oriented or reality-oriented

responses on the part of the social worker is influenced by the clinical diagnosis and/or the socioeconomic status of the client (Pinkus, 1968); and "the relationship between the caseworker's assessment of the client on a number of diagnostic variables and the treatment procedures used by that same caseworker with the client" (Mullen, 1968a p. 1).

Discourse Analysis

Stubbs (1983) comments that, while the term discourse analysis is very ambiguous, it refers, roughly speaking,

...to attempts to study the organization of language above the sentence or above the clause, and therefore to study larger linguistic units, such as conversational exchanges or written texts. It follows that discourse analysis is also concerned with language in use in social contexts, in particular with interaction or dialogue between speakers (p. 1).

One social context which has been profitably studied using discourse analysis approaches is psychotherapy, where the importance of language as the medium of interaction makes it a logical subject for this type of investigation.

An early study in the discourse analysis of the therapeutic interaction is that of Pittinger, Hockett, and Danehey (1960). This study was a microanalysis of the first five minutes of a psychotherapy session. In this work, the authors present the transcribed text of the spoken interaction, along with a parallel version in phonetic notation. Symbols are included as well to indicate pitch and loudness for each utterance, as well as whatever

nonverbal information could be identified from the tape recording, such as sighs, laughter, and even chair-scraping noises. Accompanying the text is an analysis of each interaction. This analysis attempts mainly to reconstruct the client's psychological state and the unspoken communications over the five minute period. Each utterance is examined for indications of affect, and an attempt is made to specify the meaning which the client intended, meaning which may not have been wholly conscious, and which refers mainly to the context of the interview. Although the theoretical framework of two of the three investigators was psychoanalytic, the conclusions of the study are stated in terms of principles of social interaction. These principles are cited as a starting point by the authors of two subsequent studies, those of McQuown, et al., (1971), and of Labov and Fanshel (1977), which have been equally influential, and which will be described below. There are nine principles in all, as follows:

1. Immanent References. "...No matter what else human beings may be communicating about, or may think they are communicating about, they are always communicating about themselves, about one another, and about the immediate context of the communication."
2. Determinism. "The only useful working assumption ...is that any communicative act is, indeed, culturally determined: the indeterminate or 'accidental' residue is non-existent."
3. Recurrence. "...Anyone will tell us, over and over again, in our dealings with him, what sort of person he is, what his affiliations with cultural subgroups are, what his likes and dislikes are, and so on... The diagnostically crucial pattern of communications will not be manifested just once."

4. Contrast and the Working Principle of Reasonable Alternatives. "There is no way to understand a signal that does not involve recognizing what the signal is not as well as what is is."

5. Relativity of Signal and Noise. "We communicate simultaneously in many channels, via many systems. Sometimes we may choose to focus attention on one channel, and as long as this focus is maintained, certain simultaneous events in other channels can validly be regarded relatively as noise."

6. Reinforcement; Packaging. "Most of the signals that people transmit to other people are packaged: but in the normal course of events we are apt to respond only to some of the included ingredients, allowing others to pass unnoticed or to register on us only out of awareness. The phenomenon...is clearly related to what psychiatrists have traditionally called over-determination....One observer may hear anger in a patient's delivery of a passage, while others detect remorse or depression or self-pity. They may all be right, in that actual signals may reflect all these contributing factors in a particular varying ballanceThe wise working assumption then is that always no matter how many possible contributing factors in a particular varying ballance we have itemized, there may still be others we have overlooked."

7. Adjustment. "...Continuous recalibration of communicative conventions is always to be expected in transactions between human beings...communicating and learning to communicate always go hand in hand,"

8. The Priority of Interaction. "A man knows what he is doing, what emotions he is feeling, what 'choices' of response he is making, only by observing his own behavior via feedback. This input via feedback is subject to the same kinds of interpretation as the input from the communicative behavior of other people."

9. Forest and Trees: the Danger of Microscopy. "There are important properties of things and events that are not invariant under change of scale....Lengthy concentration of attention on the one event can easily blow up in significance far out of proportion to its original duration and its actual setting. One must not mistake the five-inch scale model for the fly itself" (as quoted in Labov and Fanshel 1977, p. 21-22, emphasis added by Labov and Fanshel).

A later development within the discourse analysis

tradition, and the most detailed analysis attempted is the 1971 Natural History of the Interview (McQuown, et al). Unfortunately, due to problems with confidentiality, this work was never published, although it circulates in micro-film. This study attempts to exhaustively code and analyze "the multitudinous details of vocal and bodily action recorded" in a family interview filmed at a mental health clinic (McQuown, et al 1971). Aside from the fact that the work has not been widely disseminated, the daunting nature of the undertaking appears to have discouraged others from repeating this kind of study.

An earlier study using film rather than audiotape was carried out by Scheflen (1965). This research, like that of McQuown, et al. (1971) later, looks at interaction on the level of posture and movement, as well as language. Scheflen reports that constellations of behavior occur repeatedly throughout the therapy session, usually in a complex repetition of a general pattern established in the first twenty minutes. Within each of a series of larger phases within the session, there are smaller repetitions he calls cycles and within these, shorter subpatterns. He notes that units of posture occur in contexts of structured units which occur together, and form possible elements of a larger unit within the session as a whole. The units of posture do not seem to be directly connected to the actual text, but recur in patterns independently of the actual content of the spoken text.

Building on the work of Pittinger, et al. (1960) and on that of McQuown, et al. (1971), as well as that of many others from a number of fields, Labov and Fanshel's Therapeutic Discourse (1977) unifies a variety of traditions in the study of spoken interaction, and points to a number of directions for future work. This study is a multidimensional microanalysis of a fifteen-minute segment of a psychotherapy session. Unlike McQuown, et al. (1971) and Scheflen (1965), Labov and Fanshel claim that the text itself contains the primary data for interpreting the interaction, although they also see the paraverbal material --pitch, loudness or softness, and intonation--as making an essential contribution to understanding the meaning of what is said.

Labov and Fanshel subject the text and the paraverbal material of their therapy segment to a multidimensional analysis. They divide the fifteen-minute segment into five subsegments, which they call episodes. These are based on content. Within the episodes they analyze each utterance using an approach made up of four components. These are: 1) the paralinguistic, made up of such characteristics as pitch, volume, fluency of speech, choice of words, pauses, etc., which they see as providing cues to the meaning of the interaction: 2) fields of discourse, distinct vocabularies and intonation patterns characteristic of styles of speech which are typical in different social situations. They identify four such styles--inter-

viewing style, therapy style, narrative style, and family style. The use of each of these styles at particular moments in the discourse also provides clues to the interpretation of meaning; 3) expansions of the text, in which the researchers try to restore the unarticulated, implied content of what is said--usually this is in the form of references to other material stated in other parts of the therapy session or of other sessions, or of shared assumptions held by the therapist and the client; and finally 4) an analysis of the interactional significance of each utterance.

The analysis of the interactional significance of the utterance relies on the concept of the "speech act" (Austin, 1955). The basic idea of the speech act is that in carrying on conversation, various actions are also performed through speaking, which are, to a degree, independent of what is actually said. These actions make use of the words that are spoken, but also depend on intonation, choice of words, and the context of the conversation, including who the speakers are and their relationship to each other. Austin (1955) identifies certain types of expressions he calls performatives in which speech alone performs significant actions. Some of the examples he gives are christening a ship, pronouncing a defendant guilty, or challenging someone to a duel. In each case, under appropriate circumstances, the fact of uttering the prescribed formula accomplishes the action.

However, the category of performatives goes beyond specific ritual expressions. In everyday speech, requests and assertions are examples of actions performed by speech. For Labov and Fanshel, "challenges, defenses, and retreats, which have to do with the status of the participants, their rights and obligations, and their changing relationships in terms of social organization" (1977 p. 58-59) are speech actions which are crucial to understanding the meaning of the moment-to-moment interaction.

Through this multi-leveled analysis, Labov and Fanshel are able to demonstrate the complexity and the multi-layered nature of the therapy interview, or, for that matter, of any conversation.

The present study builds on the tradition of discourse analysis outlined here, and especially on the work of Labov and Fanshel, as will be described in the following chapter.

CHAPTER III

METHODOLOGY

This study of change through psychotherapy is conceptualized as exploratory in nature. The decision to look at an entire therapy of multiple sessions is a departure from the strategy of previous studies using micro-analysis of the therapy interaction (Pittinger et al, 1960; Schefflen, 1965; Mcquown, et al, 1971; and Labov and Fanshel, 1977). A further difference is that this study looks at a cognitively oriented therapy rather than a specifically insight oriented approach as with Pittinger et al (1960), or Labov and Fanshel (1977).

The aim of this research is to follow a process, rather than, as in the previous work, to expose the complexity of the interaction at any one particular moment, or throughout an entire session. In following the process of therapy, I will make use of the analytical framework developed by Labov and Fanshel (1977), to be detailed below. However, rather than apply this framework consistently throughout, I will make use of the methodology selectively and where it appears most useful. I take this approach, because I believe that the task I am undertaking differs from that accomplished by Labov and Fanshel in certain important respects. While I believe that the general principles of Labov and Fanshel's approach are as valid for this research as for their own, the specific

problems which these two studies present differ, and therefore require a different application of the same general principles.

The major difference between this study and Labov and Fanshel's is in the scope of the material studied. In Therapeutic Discourse, Labov and Fanshel took an exhaustive look at fifteen minutes of dialogue from a fifty minute tape. Other parts of the recorded session and material from other sessions served as supporting evidence. Here, there are six forty five minute tapes to look at, plus segments of the pre and posttest sessions. In a case such as this, a thoroughgoing use of Labov and Fanshel's methodology would prove unwieldy, and probably redundant.

A related difference is in the aim of the study. Labov and Fanshel's aim was to expose the complexity which underlies the therapeutic dialogue, and within that complexity to identify manifestations of the phenomenon of resistance within therapy. For this purpose, it was necessary to thoroughly dissect a small sample of the dialogue. The aim of this study is different. While a demonstration of the complexity of therapeutic conversation is not outside the scope of this research, its central aim is to look for change through the course of the meetings between the therapist and the client. Therefore it is necessary to handle a large amount of material, and to identify significant portions of this material for

detailed analysis. However, it is in this more detailed analysis that Labov and Fanshel's approach becomes especially relevant.

In both cases, in Labov and Fanshel's work and here, the hidden propositional content beneath the surface of the dialogue is important, and microanalysis is the means of exposing this content. In Therapeutic Discourse the portion of dialogue analyzed is from the 26th session, rather than as here the first six, and therefore there had been ample time for a repertoire of hidden communications to develop. In Therapeutic Discourse, the major channel of communication for the client, "Rhoda" was by indirection, and the major theme of that communication, was her status as an adult with all of the rights and privileges of adulthood, both within her own family and in her own self image. This status was constantly under challenge by her mother, and constantly defended against all comers by Rhoda, herself. The weapons of this "battle" were sarcasm, rhetorical questions, and all other means of putting people down without actually saying that that is what one is doing. The therapist's more or less impassive stance, consistent with the psychoanalytic orientation of the therapy, forces Rhoda to constantly assert the status she sees as constantly under attack, and she does so, as Labov and Fanshel demonstrate, with all the means current in her family. The achievement of Labov and Fanshel's method was in displaying the heavy freight of indirection carried by

the dialogue in the therapy session.

In the therapy analyzed here, the battle is different. For one thing, the therapy is less fraught with resistance than in Therapeutic Discourse. Also, the therapist takes an actively affirming stance, and in so doing, takes on for the client, Wendy, of much of her need to assert a claim to a valuable status, in this case, that of "good mother." This allows Wendy to express her own doubts about her performance as a mother, while the therapist encourages her to see it in a positive light.

It is unclear to what extent her standing as a good mother is under external attack. Wendy's family is discussed in the sessions, in some cases as people who are locked into battle with her over important issues, chiefly around her son Nicholas's misbehavior, but Wendy's doubts about herself as a parent constitute the more immediate issue. She is overwhelmed by the task of controlling her seven year old son, and resorts to yelling, and hitting him. How much she is hitting him is never made clear, but she is doing so more than she is comfortable with, and she is embarrassed about about it.

One thing which is hidden behind the dialogue is Wendy's anger toward Nicholas. She denies that she gets any more than "somewhat mad" at him, and never really discusses her hitting him. When she does acknowledge hitting, it is almost always as an event in the past which has already stopped. Yet, the boy's behavior is extremely

difficult, and she has considerable difficulty in coping with it. Her experience with Nicholas is described in terms of frustration and helplessness, but within her accounts of her experiences with her son, there are glimpses of the anger she must feel, and which leads her to hit him and yell at him as much as she does.

In the analysis of these therapy sessions, there are generally three areas to be elucidated. The first, as in Therapeutic Discourse, is to expose the hidden content behind the surface of the conversation. In this therapy, a major part of the hidden content is the anger which Wendy feels toward her son. The next is what did Wendy actually learn from the therapy. How much cognitive change did she assimilate, and what, specifically of the problem solving approach taught to her did she take in? The third area is the therapist's means of teaching new cognitions. What did she actually do, and what was it that she was actually teaching? The task of this research is to trace these three areas over the eight weeks which the two participants in this therapy met together.

It is important to state at the outset that the methodology of this study has evolved in the process of carrying out the analysis. While the framework developed in Therapeutic Discourse was the conceptual starting point, some of the elements of the methodology which were initially seen as central were found not to be productive of insights, while others took on a new, and unanticipated

prominence. Overall, I moved closer to the methodology as Labov and Fanshel have presented it. I started out intending to make selective use of elements of the methodology, but, as I learned how to use it and came to appreciate how powerful an analytical tool it can be, I moved to a more consistent application of the methodology as a whole, applied to selected portions of the dialogue.

The approach I have employed involves several stages. First, I prepared transcripts of the six therapy sessions, of the initial segments of the pre and posttest sessions, and some of the playback sessions. Following Labov and Fanshel, I undertook a multidimensional microanalysis with selected portions of dialogue within selected segments from the six therapy sessions. I have used selected portions of the dialogue rather than, as with Therapeutic Discourse, a single segment for an exhaustive analysis, or, alternatively, attempt to use microanalysis for complete sessions. I have done this because my interest was in following a process through the course of the therapy, and I anticipated that to attempt to analyze entire sessions would constitute a herculean effort, yielding material which would be so repetitive as to make the finished work unreadable.

Following a tactic reported by Fanshel and Moss (1971) and also used by Labov and Fanshel (1977), I also did a series of playback sessions with the therapist. In the playback session, the recorded interviews are reviewed

with the therapist. Both participants follow the tape with a transcript, and either the therapist or the researcher can stop the tape at any point, and comment or raise questions about what was occurring. These playback sessions are also recorded, and become part of the data of the study. I anticipated that the playback session would become a guide in selecting significant segments for analysis. However, they proved not to be particularly useful for this purpose. Instead, they served in some instances as supplementary data, to elucidate a point or to provide background information. Initially, I saw the playback sessions as having potential, rather than of established value, and they fulfilled some, but by no means all, of their promise.

Early in the process of analysis, I also listened to segments of the tape with colleagues, following the same procedure as with the playback sessions. The insights which these individuals contributed proved to be a valuable supplement, and sometimes corrective, to my own perceptions.

Finally, after I completed analysis of the six sessions and the pre and posttest segments, I returned to the beginning and went over the analysis again, correcting the areas which I thought were weak, and also bringing the form of the analysis into consistency throughout. Generally, I found that, with the sessions I analyzed first, I had missed much of the interactional complexity within

the dialogue. All of my initial work on the first three sessions, stretching over a period of four months, proved to have been a learning period. Looking again at these sessions, I was able to use the methodology to identify considerably more interactional complexity than I had first been able to appreciate.

Selection of the segments and their analysis was guided by two principles outlined by Glaser and Strauss (1967), theoretical sampling and constant comparison. Glaser and Strauss define theoretical sampling as "the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them...this process of data collection is controlled by the emerging theory, whether substantive or formal" (1967, p. 45, emphasis in the original). In constant comparison, the investigator constantly redefines and reintegrates emerging theoretical notions as the data are simultaneously coded and analyzed (1967, p.101 ff.). The actual selection of segments was based on indications from the literature, but primarily, following the principle of theoretical sampling, on indications from previously analyzed segments.

The selection of relevant segments for analysis has been considered by Mahrer (1985), who is concerned with the problems of researching process in psychotherapy. Building on the concept of "moments of movement" original-

ly put forward by Rogers (1970, cited in Mahrer, 1985), he offers a set of criteria for identifying such segments. A review of the clinical and research literature on psychotherapy, has led him to identify what he calls an "index of psychotherapeutic movement." This he defines as, "some event, occurrence, or epoch in the therapy session," generally quite brief, taking no more than 10 to 20 seconds, which provides an indication that something significant is taking place. The significance of this event may be "that the therapeutic process is moving along well, or that some welcomed change is taking place" (1985, p. 88).

Looking primarily at the client rather than the client/therapist interaction, he has created a "provisional taxonomy of indices of psychotherapeutic movement" which includes 12 types of actions the client can engage in. These are: 1) providing meaningful material about personal self and/or relationships; 2) Describing/exploring the personal nature and meaning of feelings; 3) Emerging of previously warded off material; 4) showing insight/understanding; 5) communicating expressively; 6) manifesting a meaningfully significant working relationship with the therapist 7) expressing strong feelings toward the therapist; 8) expressing strong feelings in personally meaningful life contexts; 9) radical shifting into deeper personality states; 10) Risking new ways of being and behaving within the real world of the imminent future;

- 11) expressing/reporting positive target behaviors; and
- 12) expressing and reporting negative target behaviors and ideas (1985, pp. 112-131).

Although I did not make direct use of Mahrer's taxonomy in choosing segments to analyze, his work provided a useful corroboration for the types of selections I did make. Generally the segments I chose, although much longer than he would consider significant, contained at least one of the types of events he names. However, along with these events, these segments contain what I felt was the necessary surrounding material in order^{to} make the significance of what was occurring understandable.

Format of the Analysis

Within a segment, which will generally include between seven and ten minutes of interaction, I will do two kinds of analysis. For much of the text I will do a descriptive analysis, highlighting the major themes and any significant paralinguistic, prosodic, or other features which elucidate significant points. For selected sub-subsegments, or smaller units, I will do a full micro-analysis based on Labov and Fanshel's methodology. I am adopting this procedure because, while a microanalysis as detailed as this would be, as I have discussed above, impossible carried out on entire sessions, even in segment of moderate length it would amount to overkill. The repeated dissection of utterance after utterance for a full

segment is likely, by the principle of recurrence (Pittinger et al, 1960, as cited in Labov and Fanshel, 1977), to yield material that is only repetitious, as well as being difficult to follow. The descriptive and micro analyses are meant to complement each other, and handle the largest amount of material in the most efficient fashion.

The format which I am establishing will contain six elements. The first will be identification of the subsegments or sub-subsegments into which the segment divides, as will be discussed in the following chapter (see Chapter IV). The second will be a descriptive analysis of individual sub-subsegments or smaller units of the text. The remaining four pertain only to the microanalysis and follow the dimensions of Labov and Fanshel's (1977) multi-dimensional approach.

The Transcription

Although Pittinger, et al (1960) presented their transcript in phonetic as well as in conventional notation, more recent studies (Sacks Schegloff and Jefferson, 1974; Labov and Fanshel, 1977, Stubbs, 1983) have argued for simplifying the presentation, rather than attempt to capture the absolute maximum of data. The argument for the latter approach is threefold. To give a full rendering of all the features of the discourse would be: 1) probably impossible, since as writers on the subject have pointed out (Stubbs, 1983; Labov and Fanshel, 1977), the amount of detail it is possible to hear in a section of

recorded conversation is endless, given enough listenings, and there is no real agreement about how much detail is significant. 2) For this reason, it would be misleading since it would give a false sense of precision, and 3) would produce a transcript that would be so unwieldy as very likely to be unreadable (Ochs, 1979). Stubbs (1983, p. 229) discusses some of the issues involved in transcription, and concludes that there is no one kind of transcription which is useful for all purposes. Ochs (1979) observes that, "transcription is a selective process reflecting theoretical goals and definitions" (p.44).

Initially, I attempted to follow the conventions used by Sacks, Schegloff, and Jefferson (1974), rather than those used by Labov and Fanshel (1977), since this system was widely used and appeared to give the maximum of detail, while preserving the readability of ordinary print. In the course of working with that system, I found that certain modifications, whose effect were to simplify the presentation, were desirable. The features which I found most significant were pauses, elongated syllables, stressed words and syllables, stutters, and changes in volume. These are the features which I have attempted to represent (see Appendix I).

Sacks Schegloff and Jefferson's system also uses symbols to indicate other features such as audible breathing, and attempts to show the exact placement of laughter or sobs inside words. I chose not to follow this, since I

found I could not decide consistently at what volume an audible breath was or was not a significant feature rather than an artifact of the placement of the tape recorder, nor could I distinguish exactly, in each case where and how many laughs, or sobs, occurred. It seemed preferable to indicate that these features were audible on the tape by noting them in parentheses. I also came to feel that the degree of precision which Sacks, Schegloff and Jefferson used, while appropriate for their purposes, did not contribute much to the type of analysis I was doing.

In transcribing the text, I have tried to follow the actual pronunciation the speakers used, without becoming too elaborate about it. I have regularly made use of some spellings which normally indicate colloquial speech, e.g. "dunno," "haveta," etc. and I have frequently contracted words, for example "y'rself" to indicate that they were spoken quickly (see Appendix I).

In the process of preparing transcripts, I experimented with several systems. In the one ultimately arrived at, the transcription was done in several stages. First I made a transcript of the entire session, indicating pauses and stutters, but not emphasis or elongated syllables. Transcribing one forty five minute session generally took between thirty and thirty five hours. Then, using this transcript, I selected one or more segments for analysis. Then, I did a second listening to only those segments I selected. At this time I indicated

stressed words or syllables, and elongated sounds, and I timed the pauses. After this more detailed transcript was ready, I was able to analyze the text, and in doing so I listened a third time to each utterance in succession, correcting any mistakes, and trying to ascertain the significance of the various paralinguistic features. Each listening generally involved playing a small portion of the tape, often just three or four words, and sometimes less, a number of times, until I was certain I had correctly heard the features I was listening for.

My first effort at timing segments of the tape and the length of pauses involved the use of electronic equipment, an oscilloscope which traced sound patterns on a paper tape marked off in fractions of a second. I abandoned that practice though, when it proved to difficult to match the transcript to the paper tape with any degree of certainty. Instead I used a stop watch to do the timing. This method is less precise than the use of the oscilloscope would be. However, I found that the type of analysis I was doing did not require that degree of precision, and, because I was able to be certain of what I was actually timing, the method I chose proved more reliable.

Microanalysis

Paralinguistic cues. The first element within the microanalytic format is the identification of paralinguistic cues. The paralinguistic dimension has been an impor-

tant source of data in those studies of discourse which look at meaning, Pittinger, et al (1960), McQuown, et al (1971), as well as that of Labov and Fanshel. These paralinguistic features—volume, pitch, hesitations, audible breaths, cadence, choice of words, etc.—play a major role in telling the listener how to understand an utterance. For example, an intonation which we recognize as ironic or sarcastic very much alters the meaning of a statement from what would be signified by the words alone. The paralinguistic dimension is, as I have described above, hard to indicate in a transcription. I have attempted to do so somewhat by using symbols for a number of the paralinguistic features I have just mentioned. However, I will primarily follow Labov and Fanshel's practice, and present those features which I believe are relevant to the analysis separately from the text.

One of the paralinguistic features I have looked at is the patterns of intonation within words and phrases. Labov and Fanshel used electronic equipment to record and display the pitch contours which make up these patterns. This equipment was not available to me, but as Labov and Fanshel demonstrate, (1977, p. 340) it is not difficult to hear and correctly reproduce these patterns without the use of such equipment.

Coulthard (1977) discusses various attempts to codify intonation patterns. He presents a codification system which distinguishes five tonal patterns which can occur

within a word (Halliday, 1967, as cited in Coulthard, 1977). These patterns are shown in the chart below:

Tone	Visual symbol	Tonic movement	Terminal pitch tendency
1	\	falling	low
2	/	rising	high
	∨	falling-rising	high
3	↘	rising	mid
4	/∨	(rising)-falling-rising	mid
5	∨\	(falling)-rising-falling	low

Coulthard describes how these tonal patterns are used in British English to indicate meaning. However, since no similar descriptive work was available for me for American English, and although I have used it in certain instances, the usefulness of this schema proved to be less than I had hoped. However, I found that, overall, except in certain instances, tonal patterns did not play a major role in the analysis.

One element of the paralinguistic dimension which did play a major role, though, was the identification of paralinguistic devices, either choice of words or tone of voice, to soften a statement which the speaker may have felt would otherwise have been unacceptably challenging to the other party. Labov and Fanshel borrow a legal term for this phenomenon and call it mitigation, its opposite, as in law, being aggravation.

While aggravation is not seen much in these therapy

sessions, mitigation occurs nearly universally, that is, in nearly every statement that either party makes. According to Labov and Fanshel,

There are several general principles or tendencies that seem to determine whether a form is mitigating or aggravating. References to needs and abilities are generally mitigating, while references to rights and obligations are aggravating. (1977, p. 85).

Here, mitigation generally takes the form of minimization, as in, "a little angry," or of terms which qualify a statement such as, "I think," "it seems," or of polite forms of requests to do something such as "why don't we." Couching a statement in an impersonal form, or the use of a questioning intonation to finish a statement are also forms of mitigation. Labov and Fanshel give as examples of aggravation, direct commands to do something, especially if an expletive is included. On a scale from mitigation to aggravation they offer the following (1977, p. 85 emphasis in the original):

Will you please dust the room?
Will you dust the room?
Please dust the room!
Dust the room!
Dust the goddam room!

↓ Aggravation

Here aggravation rarely occurs, when it does, it is in the form of exaggerating a statement made by another person, or in rare instances, sarcasm.

Fields of Discourse. The next dimension in Labov and Fanshel's methodology is the fields of discourse. These are specific styles of speaking, each with its own vocabulary subject matter, and vocal characteristics,

appropriate to certain activities, but not others. Different individuals will possess different versions of common discourse styles, and will have a different range of styles in their repertoires. For example, Interview Style one of the three discourse styles identified in Therapeutic Discourse, is that typically used in therapy sessions. It has a vocabulary concerned with feelings and self observation. Here, Interview style is used primarily, and at the beginning, exclusively, by the therapist.

The other two fields of discourse described by Labov and Fanshel are Everyday Style whose typical vocabulary is colloquial, and whose subject matter is the description of events, etc, and Family Style which is style of speech typical in the speaker's own family. Examples of Family Style occur here when Wendy quotes herself talking to Nicholas, or Nicholas talking to her. Typically, a conversation, and even a speaker's single utterance will not be confined to one style of speech, but contain minute samples of a variety of styles embedded in one dominant style. For the therapist, Interview Style is the dominant one, but she frequently uses Everyday Style, and quotes from Wendy's Everyday and Family styles. For Wendy, the dominant style is Everyday Style, but frequent samples of Family style occur.

Within the Everyday Style, Labov and Fanshel identify a Narrative Style "indicating a continuing narrative

structure." (1977, p. 42) Their intent was to show how placement of fragments of Family Style serve as evaluative devices and this placement is determined by the structure of the narrative. Rather than make this distinction, I will identify two subtypes of Everyday Style which I believe function in this dialogue which I will call modes of discourse. While the vocabulary and subject matter remain the same, there is a shift in the way the speaker discusses the topic. The point of view changes. This is evident in Wendy's Everyday Style. The two modes are Describing and Commenting. Within the dialogue of this session, these appear to function independently. That is, following an interruption from the therapist, even one as minute as an "mmhm" or an "o.k.", she will frequently switch from one mode of discourse to another, or to another field of discourse altogether.

Labov and Fanshel observe that the Interview Style and the Everyday Styles pose a problem for the therapist because both are unemotional (1977, p.36). They see the Family Style as the most valuable to the therapist because it is highly emotional. However for the therapist and for someone analyzing the therapy dialogue, the Everyday Style potentially provides something equally valuable, the client's orientation to his/her situation.

In Therapeutic Discourse, as in this research, the fields of discourse served as a context within which to understand transactions rather than as a central analytic

device, although here it played less of a role than in Therapeutic Discourse. While I have indicated the fields of discourse throughout, I found that this distinction did not contribute much to the final understanding of the utterance or of the interaction of which it was a part. It would be interesting to speculate on what difference in the two therapies, or perhaps in the two modes of analysis made for this discrepancy.

Expansions. The next element of this multidimensional approach is the expansion. The aim of the expansion was to restore the implied content of each utterance which makes it intelligible to the listener. Labov and Fanshel describe their procedures for expanding utterances as follows:

1. We expand the meaning conveyed by the [paralinguistic] cues into the nearest equivalent in textual terms, according to our best understanding of it.
2. We expand and make explicit the referents of pronouns to other utterances and events in other time frames.
3. We introduce factual material that is presented before and after this utterance, sometimes from widely separated parts of the interview.
4. We make explicit some of the shared knowledge between participants, which derive from a study of the therapeutic situation as a whole, other interviews and the playback with the therapist (1977, pp. 49-50).

Labov and Fanshel cite Garfinkle's (1967, p. 38 ff, cited in Labov and Fanshel, 1977, p. 51) observation that expansion is an open ended process. There is an enormous amount of material implicit in each utterance, and there is actually no limit to how far any utterance can be

expanded. Therefore, they see no fixed relation between the text and the expansion, but comment that, "A brief text and a long expansion may be the result of heavy reliance on implicit information as well as heavily loaded intonation contours" (1977, p. 51).

In trying to follow Labov and Fanshel's guidelines for doing expansions, I often felt that I was not sure of the relationship of the expansion to the text. It seemed that any piece of text could potentially be expanded in a number of ways, and I had to struggle to avoid falling into what I felt was really mind reading. I came to the conclusion that expanding any piece of text is really a more interpretive procedure than Labov and Fanshel present it to be. Although it may be that the greater use of intonation, and particularly of sarcasm, by the client in Therapeutic Discourse provided more evidence for expanding the text than was available in the tapes I had to work with. Nevertheless, I found the expansions to be a valuable exercise since it makes one wholly accountable to the text and whatever paralinguistic devices are present, and I have based much of my analysis on expansions of the text.

Labov and Fanshel made use of material from later in the dialogue as data for their expansions. However, initially I tried to avoid doing this. In fact, until I reviewed what I had already done after my first attempt at analyzing all of the sessions, I believed I had avoided

doing it. It had appeared to me that, if conversation is viewed as a process which develops over time, and through the interaction of the participants, we have to assume that everything which is said is shaped by what went before. Therefore, to present a something which is said without presenting the previous dialogue which shaped it, takes it out of context. While the researcher has the advantage of a transcript and can look ahead, this possibility is not open to the participants, and a heavily reliance for data on material from later sections of the dialogue, risks treating a conversation as an atemporal phenomenon. Furthermore, it also runs counter to the assumption underlying therapy that it is a process, and that change comes about through the interaction of the participants. However, as a practical matter, the practice proved to be unavoidable, and I did make use of material from later in the dialogue, albeit reluctantly, at times when its use was necessary to elucidate meanings which otherwise could not have been made clear.

There is one other area in which Labov and Fanshel's description of the process of expansion raises important questions, which they, themselves, acknowledge. This is the relationship of the latent meaning, exposed by the expansions, to the spoken text. Labov and Fanshel discuss the problem of the tendency of microanalysis in which, "ordinary behavior takes on a Machiavelian intricacy, and hostilities which are latent and unobtrusive become over-

powering and oppressive" (1977, p. 51). However, in the expansions, they separate those aspects of what speakers say which are potentially contentious, in which they challenge each other in various ways, from the various means which they use to mitigate the effects of those challenges and smooth the course of social interaction. They comment that:

We have not fully solved the problem of how to restore the subjective effect of mitigating devices after analysis. We will only note here that mitigating devices do mitigate; they place in perspective behavior which would otherwise be intolerable for the participants (1977, p.51).

I have followed the procedure of making these separations, but with some misgivings, since it appeared to me that those devices which are used to mitigate and soften the force of a statement are also part of its meaning, especially its interactional meaning. I have consistently tried to indicate mitigating devices among the paralinguistic cues, but like Labov and Fanshel, have found no completely satisfactory way of representing the interactional significance of the potential hostile content in its mitigated form, and there seems to be a tendency, inherent in the method of analysis, to reduce the meaning of an utterance to the latent content exposed by its expansion. Nevertheless, although the problem may not be solvable within this analytical format, this latent content is present, and forms an important component of the communication. Exposing this latent content can explain a

great deal about the quality of the interaction being studied.

Propositional statements. Within the expansions Labov and Fanshel locate a set of propositional statements, and I have also followed this procedure. They define propositional statements as recurrent communications. Some, which they designate as local, are specific to, and evaluate, the particular events being talked about. An example from the first session is the first local proposition: "Wendy did the reasonable thing in the way she spoke to Nicholas." There are also general propositions, which recur within a particular topic of discussion and express more global ideas on these issues, such as, in this therapy, what kind of a child Nicholas is. An example, also from the first session is, "Nicholas is not reasonable."

Labov and Fanshel observe that propositional statements may never actually be expressed, "in a concise, explicit form by the participants;" However they state that:

...if we study various reports of interaction we usually find that the propositions implicit at one point are plainly stated at another. They represent the cognitive component of conversational transactions; in one sense they may be defined as "what we are talking about," or "what is really being talked about" (1977, pp. 51-52).

I will follow Labov and Fanshel's practice of representing propositional statements using a set of abbreviations based on those used in symbolic logic. These

abbreviations will be placed in brackets within the expansions or the interaction statements, described below, for example, the general proposition given above is abbreviated as {~Reas-N} The tilde sign negates a statement. It is also possible to negate a negated statement, for example {~~Good Mo-W}, Wendy is not, not a good mother. Local propositions will be numbered in brackets. The example given above is shown as {2}.

Interaction statement. Labov and Fanshel state that "The most critical step in our analysis is the determination of the actions that are being performed by the speakers through their utterances" (1977, p. 58 emphasis in the original). This representation of the interaction relies on speech act theory (Austin, 1962; Searle, 1969) it assumes that as individuals talk to each other, they perform illocutionary acts, that is, the words they speak perform certain ceremonial or interpersonal actions. An example of the former given by Austin (1962) is performing a marriage. This is accomplished by a person authorized to do so, on the proper occasion, at the proper time on that occasion by pronouncing the formula, the words, "I now pronounce you husband and wife."

There are many such formula expressions which perform ceremonial actions, as Austin shows. However, speech acts are also performed without these formulas. This is especially so with those which take place in ordinary social interaction. In Therapeutic Discourse speech acts

occurred on several levels. Surface speech acts such as narratives, questions, requests for information, etc, contained deeper level speech acts, the major forms of which were challenges and defenses, usually of an individual's status as a competent adult. These occurred in the client's descriptions of events in her life, and of conversations with various members of her family, and they were often performed in a semi-covert way. Often a single utterance could contain several levels of speech acts, referring both to the therapeutic interaction and to the client's interaction with the person whose activities were being described, and thereby evaluated.

Here, there are also challenges to individuals rights to hold valuable statuses, although not as many as in Therapeutic Discourse. There are also expressions of support, on the part of the therapist, requests for support by the client, challenges on the part of the therapist to ideas which the client holds, and acceptances or rejections of ideas and evaluations put forward by both parties. These ideas and evaluations can often be stated as propositions, and I will frequently invoke a variety of these propositions in my presentation of the expansions and interaction statements.

Labov and Fanshel used a set of interactional terms, originally devised by Bales (1950, cited in Labov and Fanshel, 1977) for describing small group interaction. Among these are "shows solidarity," "shows tension re-

lease," "agrees," "gives suggestion," "gives opinion," etc. I have chosen not to make use of these terms, but have instead, attempted to derive a descriptive vocabulary inductively from minute examination of the text, the paralinguistic cues, and the expansions. I felt that while this approach risks a certain degree of inconsistency, it forces a closer attention to the text and the dialogue, and to all available clues to the interactional significance of what has been said.

The Pretest Session

The initial segment of the pretest session was made up of a set of open ended questions, which were also used at the beginning of each of the therapy sessions. These questions dealt with the parent's experiences during the past week. They ask for a description of a time when the parent and her/his child or children did not get along, how unreasonable the parent felt the child was being, how angry the child's (unreasonable) behavior made the parent, and what the parent did in response. A further question asks whether the parent felt the incident could have been avoided, and if so how. It goes on to ask whether the parent liked the way she/he handled the incident, and how she/he would handle it or something similar if it occurred again. It goes on to ask about an incident when the parent and child or children got along unusually well, and, finally, about an incident when the parent headed off

trouble. In what follows, I will look at the initial portion of the segment of the pretest session devoted to these questions. In these first few minutes, some major issues are laid out which will be carried through the later sessions as well.

The tape opens with the therapist, who in this session functions primarily as a research interviewer, asking the first of the open ended questions. She essentially reads the first question unaltered, except that she adds, "and I guess we'd be talking about Nicholas." Evidently there had been some discussion of Nicholas before the recording began. Wendy answers in the affirmative.*

001. Th.: ...actual experiences with your children
 ..and we'd like to ask two things, was there
 a time in the past week when you and your
 children or your child just didn't get a-
 long, and was there a time during the last
 005. week when you did get along..o.k....an' a
 little bit about each one..To begin with
 was there a time..last week when you and
 your child did not get along
 Clt.: yess
 010. Th.: and I guess we'd talking about Nicholas
 Clt.: yes

On the following line of the transcript, the therapist continues, asking for a narrative of what happened. However, Wendy answers not with a specific incident, but with a general statement. The exchange is as follows:

- Th.: o.k., so it was Nicholas, can y' tell me
briefly what happened

*The lines of the transcript are numbered sequentially for convenience in locating particular features. The line numbers do not indicate real time. In later sessions, I will break the text into segments, and subsegments, and the numbering system will reflect this (See chapter V).

Clt.: oh, it's not just, like one instance
 015 it's like
 Th.: uhuh
 ..I would say daily
 Th.: o.k.
 Clt.: a little part of, each day, where, I'd have
 020 to..scold him or- or, even go so far as
 to, threaten him
 Th.: mmhm
 Clt.: y'know

Wendy's full statement is divided into three parts by the therapist's "o.k." and "mmhm". The first part, "oh, it's not just like one instance, it's like, I would say daily," forms an introduction to the second part where she tells what the experience is like for her. Despite Wendy's apparent inarticulateness, there is a clear structure to her accounts. Stubbs (1983) has demonstrated that in apparently casual narratives there is a structure which runs through a series of utterances, and this can be seen here. According to Labov (1972, cited in Pratt, 1977, p.45) a fully developed narrative contains a series of components which include: 1) an abstract; 2) an orientation; 3) a complicating action 4) an evaluation; a 5) a result or resolution; and 6) a coda. Wendy's statement here makes up the abstract for such a narrative.

Also on the level of discourse structure, it is interesting that the therapist's routine o.k.s and mmhms seem to provoke subtle shifts in Wendy's narrative. These are generally shifts in perspective, as from a general statement setting the scene to a more specific statement, or, as was discussed above, shifts between fields of discourse. These interjections and shifts happen on the

tape much too quickly to have been fully conscious to the speakers.

I will now attempt to expand Wendy's statement.

Paralinguistic cues: emphasis on word "daily;" statement broken by short pauses as though she needs to think about each word she will say next; uses phrase "even go so far," emphasizes extreme quality of what she is doing; use of "y'know" for emphasis, and possibly as an expression of solidarity.

Expansion: Clt.: I've told you that Nicholas causes me trouble. Well, in response to your question about what happened when we didn't get along, it isn't only one instance, it's a daily occurrence. A little part of each day he's doing something which makes me have to scold him, but he doesn't listen, so I have to go so far as to as to threaten him, which is an extreme thing to do to a child. I know that you as an adult will understand what I'm telling you.

Within this expansion are several propositional statements which reflect Wendy's view of the situation between Nicholas and herself, or of a more general reality and code of conduct. The data for these propositions comes from later on in this session and the next session, as well as from the expansion itself.

Within Wendy's statement there are five propositions invoked: 1) {Tr-N}, Nicholas is constantly getting into trouble; 2) {Scold}, when Nicholas does something wrong, I (his mother) have to scold him or even threaten him; 3) {~Listen-N}, Nicholas doesn't listen unless you threaten him. Wendy's use of the phrase "or even go as far as to" implies: 4) {Extreme}, threats against a child are an extreme measure. The fifth is: 5) {N-Extreme}, Nicholas requires extreme measures to control him.

Wendy's entire complaint against Nicholas is implied in this first statement of hers in the pretest session. The complaint in its essentials is: Nicholas is a child who a) gets into trouble constantly, b) won't stop what he's doing wrong unless he's threatened, and, since threats are an extreme measure--a child ought to stop doing something wrong without being threatened, c) {Difficult-N}, Nicholas is an unusually difficult child.

However, by saying something about Nicholas, Wendy is also, by the principle of immanent reference, saying something about herself in the context of the therapy session. The principle of immanent reference states that "...No matter what else human beings may be communicating about, they are always communicating about themselves, about one another, and about the immediate context of the communication." (Pittinger, Hockett, and Danehey, 1960, as quoted (emphasis added) by Labov and Fanshel, 1977).

Among the claims Wendy is making are, {Task} that she is a mother with an unusually difficult task, an extremely difficult child, and to control this child, {W-Forced}, she is forced to do things which she does not like and would not normally do, scold and threaten. She is also saying that she is {Know}, a mother who knows what she has to do, who recognizes wrong behavior in her child and {Act}, does something about it, and {Know}, who knows what proper behavior for a parent is. She is a mother who {Distinction}, makes a distinction between normal scolding

to correct a child and more severe measures, threats, and by implication, since that is the reason she initially asked for help, hitting excessively. In doing this, she advances the claim that {Good mo-W}, she is a good mother. Implied in the therapist's contribution is a proposition about her role in the therapy. It is {Lead-Th}, the therapist is the leader in the session. The foregoing constitutes an interaction statement for the above utterance. In the future I will display paralinguistic cues, expansions, and interaction statements in indented block form following the utterance(s) to be analyzed.

Labov and Fanshel call attention to the "paradox of therapy." In order to get help, a client has to recognize and state that he/she is not doing adequately in some essential area of life. However, in our society, this is stigmatized. To get help, and at the same time avoid the stigma, the client has to minimize or deny the reason for asking for help. Labov and Fanshel give several examples of this minimizing. Here, Wendy's stance of reasonableness, and of being forced to do what she doesn't want to do is her way of handling the paradox. This is her first meeting with the therapist; she needs to portray herself as needing help since she has asked for it, but she also wants to avoid being censured.

Fields of Discourse

The session continues with the therapist asking for

examples of Nicholas's misbehavior:

- 025 Th.: o.k., what typical kind of things would he
be doing
Cl.: ..(3)..well t' begin with, frinstance this
morning
Th.: O (mmhm)
030 Cl.: he didn't want t' go to the-..to this- the,
camp
Th.: ..O (mmhm)
Cl.: he wanted t' stay home an..there-there's
nothing really for him to do ho:me, so I
tried t'explain t' him I said Nicholas y'know
035 Th.: O (mmhm)
Cl.: it'd be better if y' go t' the camp you'd
have swimming 'nd everything
Th.: O (mmhm)

On line 24 the therapist cuts off what looks like it will turn into a string of complaints, and asks for specifics. This is dictated at this point by the research questionnaire, but the therapist also makes asking for specifics a general strategy. During the playback of another session, she commented that she was trying to get Wendy to be "a scientist of her own behavior."

Wendy complies, and begins narrating an incident which happened that morning. On line 26 she begins by setting the scene, "well, t'begin with, frinstance this morning he didn't want t'go to the- to this- to the camp." Following an "mmhm" from the therapist, she adds that he wanted t'stay home. After a short pause, she goes on to describe her actions, "there- there's nothing really for him to do at home, so I tried t'explain t'him- I said Nicholas y'know..it'd be better if y'go t'the camp y'd have swimming 'nd everything."

Wendy's statement which begins line 26 can be di-

vided into fields of discourse as follows:

<Ev.(D.) Well t'begin with, frinstance this morning he didn't want t'go to the- to this- to the camp. He wanted t' stay home. (C.) There's nothing really for him to do at home. (D.) I tried t'explain t'him, I said,> <F. Nicholas, y'know it'd be better if y'go t'the camp, you'd have swimming 'nd everything.>

Paralinguistic cues: therapist stresses word "typical;" Wendy pauses for 3 seconds before speaking; corrects self twice, "to the-..to this- the camp;" emphasis on "home," elongates second "home,; emphasis on words, "explain," "camp," and "swimming."

Expanded, this statement yields:

<EV. [(C.) This is an example of the almost constant difficulties I have with Nicholas {Difficult-N}] (D.) For example, this morning he didn't want to go to camp. [I remember now that I haven't told you yet that he goes to day camp.] He wanted to stay home. (C.) There's nothing for him to do at home, (D.) so I tried to explain to him, [although It's hard to explain things to Nicholas since {~Listen-N} he doesn't listen when he has his mind made up.] I said,> <F. It would be better for you if you went to the camp since you'd have swimming there and everything else you like to do.>

This statement reinforces the previous one. It's import is also that Nicholas is very hard to handle, but Wendy is trying her best. The therapist's "mmhm" marks a shift. In her next utterance, Wendy shifts from reporting what she said to describing Nicholas's response:

<EV. "'nd he's-, he wen in a tantrum like a (rage it) y'know">. The therapist's "yeah" which follows leads to another shift in perspective, to family style when Wendy, after first describing Nicholas's actions, switches to quoting him, perhaps in an exaggerated way. She says:

<EV. (C.) "he wanted to stay home> <F. I wanna stay home I don' wanna go">. The interactional content of this state-

ment is summarized thusly:

Interaction statement: Wendy complains about {Difficult-N} how difficult a child Nicholas is. She gives an example to illustrate this. She thereby demonstrates {Task} that she has an unusually difficult task, but that {Know} she knows the right thing to do, and therefore, is {Good mo-W} a good mother.

As was stated above, the fields of discourse serve as a context for further analysis, rather than constituting a central feature of the analysis in themselves. They initially appeared have a more important role than they later came to assume as a site for data for the expansions and in illuminating the interactional content of what was said. To maintain consistency in my use of the methodology, since this study is also, in part, a replication and extension of Labov and Fanshel's work, I will continue to indicate fields of discourse. However, they will play only a minor part in the subsequent analysis.

Further Themes

At this point, the therapist, functioning as such, rather than as an interviewer, introduces what may be a new idea for Wendy, an idea which becomes a major theme in the remaining sessions. What she does here is essentially, in Minuchin's (1974) terminology, relabel Wendy's experience. Wendy had been complaining about how difficult Nicholas is, and presumably, since this theme occurs in later sessions, how she cannot control him. The thera-

pist introduces the idea that Wendy's experience that morning had been successful, rather than unsuccessful, as Wendy generally interprets her experience with Nicholas. She points out that she did, in fact, control Nicholas. She says:

Th.: mmhm (pause) but youu did- you controlled the sit- y- he went

Paralinguistic cues: "you" elongated; self interruption, both forms of hesitation, which constitutes a form of mitigation.

The expansion gives the first local proposition {1} Wendy succeeded in controlling the situation, which leads to another general proposition, {Control-W}, Wendy is able to control Nicholas.

Expansion: Th.: <IV From what you have just said, I conclude that although Nicholas was resisting you, {1} you succeeded in controlling the situation, because he went with you, although he didn't want to go.>

The interaction statement gives a new proposition concerning the therapist's role. It is {Define-th} the therapist defines situations.

Interaction statement: The therapist points out that Wendy controlled the situation because Nicholas went along with her. She thereby {Define-th} redefines the situation from one which illustrates how difficult Nicholas is to one which demonstrates that {Control-W} Wendy is able to control him

Wendy starts out by giving a "yes because" type of answer i.e. "I was only successful because of extraordinary circumstances." She starts giving this type of answer, but stops herself since she can't think of any extraordinary circumstances to report, and goes on to narrate what did happen. She says:

Clt.: yes beca- I started t' get dressed 'nd I said, well I'm- I'm gettin dressed, th' baby's gettin dressed, an' if you wanna stay here, y'know, you're gonna stay by yourself, but we're going.

Wendy starts out by attempting to demonstrate how difficult Nicholas is and how hard it is for her to control him. However, instead, at the therapist's urging she presents herself as quite forceful. Her last statement presents her as a mother who knows how to take charge when her child becomes rebellious. In the next session the reverse happens. She reasserts her claim about how difficult Nicholas is, and demonstrates how she can't control him.

How, are these two contradictory claims to be reconciled? The paradox of therapy appears to be operating in this initial meeting, with Wendy following the therapist's lead, and presenting herself as more competent than she actually feels she is, in order to avoid showing herself as incompetent at so "basic" an activity as being a mother. Subsequent analysis will attempt to elucidate Wendy's beliefs about herself as a mother, and how or whether these change in the course of the therapeutic interaction.

CHAPTER IV

GETTING UNDER WAY

THE FIRST THERAPY SESSION

About one third of the way into the first session there is a segment of talk, which is quite brief, only about twenty five lines of transcript, and atypical in at least one respect. All other transitions in topic in this session are introduced by the therapist. This time it is Wendy who introduces a new topic, her feelings about therapy. Although the previous meeting had been devoted to the research questionnaire rather than therapy, proper, it evoked strong feelings. Wendy describes these feelings as follows:

- Clt.: well since last time I was here, I've- I found myself, t'take things, ul-al- a lot, I tend to, e- think before I rush into gettin', a:ngry think about what I said I- I, talk it out b'cause I never really, spoke to anybodyy about y'know they see the problems I'm havin' but I've never really, sat down an talk it out
- Th.: take the time out //t'do it
- Clt.: yyes, an I did an it- it really felt good y'know that who:le week that past it really felt good

She describes what was important for her in the previous week's session, the opportunity to "sit down and talk...out [the problems she has been having]." the result was that she had begun thinking before rushing into things, and, although she doesn't finish the thought, taking things a lot easier. For Wendy, this is the mean-

ing of the therapy experience, and she repeats this statement and ones like it in subsequent sessions, as well.

Contained in this statement there are also two other themes which are repeated throughout the therapy, "then" vs. "now," and "I didn't get angry." She is saying, and she says it repeatedly throughout the therapy sessions, that there was a time, before she began meeting with the therapist, when things were different. Then she used to get angry with Nicholas easily, and yell at him or hit him. Now she doesn't. She does something different, she reasons with him, or is more relaxed, or sees things a different way which prevents her from getting angry. Since the normal expectation would be that these sorts of themes would appear toward the end of the therapy, rather than at the beginning, there are two possible explanations for why they appear now. Wendy could either be denying that she has any problem, which, as Labov and Fanshel (1977) point out is a standard way of dealing with the paradox of therapy, (see Chapter III), or, alternately, the opportunity to talk about her difficulties with Nicholas, afforded by the pretest session, was a powerful and change promoting experience for her. In any case, these three themes, the opportunity to talk, "then" vs. "now," and not getting angry are important components of the meaning of therapy for Wendy. In this session the latter two recur in several of her narra-

tives, and the former appears more than once in subsequent sessions.

In an inquiry into the process of change in therapy, the occurrence of these themes and how and where they occur provide important data for understanding the process. In the remainder of this chapter, I will present an overview of the first session, tracing these and other themes through the dialogue of the session.

In the discussion which follows, I will examine the initial therapy session from two standpoints, internal organization and content. In the next chapter, I will return to the mode of analysis which I outlined in the last chapter (see Chapter III), and look in detail at one segment of this session, also making use of the conceptual framework which I will develop in here in my discussion of the session as a whole.

Internal Structure

As one looks at the organization of this session, certain divisions by theme and content become immediately apparent. These constitute natural units of analysis within the whole. The occurrence of such units within written, rather than spoken, texts has been examined by Van Dijk (1982) who has demonstrated how the whole can be broken into episodes by topic, and by Grimes (1982), who looked at interlocking hierarchies of topic and theme occurring within a text. In the analysis of the sessions,

I will identify a structure of thematic and topical units, which I will then use to show how the dialogue progresses through, and makes use of topics to carry on its interactional work.

In identifying smaller units within the session, I will make use of the concept of the frame. This term has been used in a number of ways. For example, Labov and Fanshel (1977) refer to their fields of discourse (discussed in the preceding chapter) as frames. I am using the concept here in one of the senses outlined by Goffman (1974). In this use, the frame is defined by the content or organization of the social activity which it delimits. It points to those characteristics of the interaction which define for the participants what it is that they are doing at any particular moment. The frame, in this sense, is, viewed from the outside, the structure which the participants have set up to tell themselves what kind of activity it is that they are engaged in. It is by reference to this structure that participants are able to say, "now we are doing this; now we are doing that."

This concept refers to parts of activities as well as whole ones. For example, if in a conversation, which is an activity in itself, and therefore constitutes a frame for all the activities which are subsumed within it, one of the participants asks, "what were we just talking about," that person is asking for information about what subframe they are operating within inside the overall

frame, conversation. My use of the term subframe is akin to what Heilman (1983) calls keying, shifts in topic and the perspective from which the topic is discussed within a conversation.

Within a single conversation there can be various levels of subframes and sub-subframes which can change rapidly within the overall frame, the conversation, itself. In this session, I have identified seven units, distinguished by topic, which I am calling segments. This series of segments constitute subframes, and within these subframes, as I will demonstrate in the next chapter (see Chapter V), there may also be a hierarchy of sub-subframes.

Since the interaction I am studying is not simply conversation, but therapy, a particular type of conversation, therapy becomes the overall frame which governs the interaction, and therefore dictates what kinds of contributions from each of the participants are acceptable. There is, however, a further complication. The two participants have come together for a therapy session, but the therapy is also part of a research project, a fact known to the client as well as to the therapist. Therapy and research, therefore, function as two aspects of the governing frame, and it is not possible to separate out what is strictly research from what is "pure" therapy. Part of each the session involves the questionnaire, described in the preceding chapter, whose purpose was to

facilitate the research effort, but this questionnaire also helps to focus the therapy session, and what goes on during this part of the session is as much therapy as what follows. The "research" part of each session, therefore, also functions therapeutically while at the same time having an independent existence as research. On the other hand, since the therapy is carried out as part of a research project, the non-questionnaire, "therapy" part of the session is also research, as well. The research nature of the undertaking might concern only the therapist were it not that the client was also fully informed that this was a research project, and she was being paid as a research subject. The dual nature of the enterprise was known to, and on some level influenced, both parties.

There is another characteristic of the interaction, the type of therapy which is being conducted, which also functions as an aspect of the governing frame. The particular set of goals and style of discourse characteristic of short term Cognitive Behavioral Therapy (Meichenbaum, 1974; Meichenbaum and Cameron, 1980), which are entirely different than, for example, in psychoanalytically oriented long term psychotherapy (see Wolberg, 1977, for example), also serve as a point of reference, and set up norms which are distinctive for this interaction, and therefore become part of the definition of the type of interaction which is occurring.

Overview of the Session

The seven segments, designated by the letters A through F, into which this session is divided are devoted to a variety of topics, which constitute a survey of the themes to be developed in the therapy and of the major themes and conflicts in Wendy's life. I will now review these segments, highlighting the major themes. Several of these themes occur in more than one segment, underlying the discussion of quite separate topics. They also recur throughout the later sessions.

Segment A

The initial segment of this session, which will be discussed in greater depth in the chapter to follow, is devoted to Wendy's response to the first question on the questionnaire, which asks for an incident in which parent and child did not get along. Wendy relates an incident which reveals an important pattern in her way of handling Nicholas when he becomes upset, stubborn or demanding. This pattern did not figure in the incident which she related during the previous week. She presented herself then, although perhaps without fully intending to do so, as effective in controlling her son. This time she shows herself as having responded with helplessness. Ultimately she found someone else to take charge and resolve the situation. This pattern is echoed in other incidents in this session and in subsequent sessions. This episode is

particularly poignant, since it is a stranger who steps in, but in other cases, it is a day camp counselor or her husband in prison who intervenes by phone.

Wendy's anger toward Nicholas is, as will be shown in the next chapter, a hidden counter-theme to her helplessness. In this segment, too, she makes the claim that something is different; she didn't get angry, but here it isn't wholly convincing. Although in this instance she didn't act out of anger, she was actually paralyzed, and unable to act at all. Wendy's reply, when asked whether there was anything she liked about the way she handled the situation, is illustrative. There was nothing she liked about it except for the fact that she didn't get "rowdy or angry." Apparently these are real possibilities for her, and constitute the barely spoken other side of the coin to her helplessness.

Segment B

The second segment begins when the therapist moves on to the next topic covered by the questionnaire and asks for an incident in which parent and child did get along. The story Wendy tells contrasts with the last one. This time, instead of describing helplessness and frustration with Nicholas, she talks about him with obvious enjoyment and affection. At the end of the segment, Wendy realizes that lately she has not been spending time playing with Nicholas, and her voice trails off expressing her regret.

Wendy begins by explaining that Nicholas "doesn't eat," and she has to feed him herself. She adds that she has to "force him to eat." In this incident she indirectly introduces the theme of her relationship with her mother, a topic which she will discuss more in later sessions. She contrasts her treatment of Nicholas with her mother's. The dialogue proceeds as follows:

Clt.: and u:m, a-, 'bout three nights ago he said to- he said t'me um, ((breath)) uh mommy if y'want me t'eat
 Th.: °(mmhm)
 Clt.: you'll have to, play tricks on me, or promise me something, even though I know you won't give it t'me, like- like grandma does an then- then I'll eat
 Th.: ..an did it work?
 Clt.: ye:s m- my mother does to him y- y- y'know, she like u:m

Wendy is about to say more about her mother, and appears to be about to compare herself unfavorably to her when they are interrupted. The door opens, and the therapist carries on a conversation with a third person during which the tape is turned off. When the tape is turned on again they resume the discussion, but the focus has changed from her mother to Nicholas:

Th.: there we go, o.k.. we were talking, the last thing was something that he did
 Clt.: °(yeah)
 Th.: something that Nicholas did, so what he did was hee, said-, he said I'd have to play u:m
 Clt.: he made a suggestion t'me
 Th.: o.k.
 Clt.: in order t'get 'im t' eat
 Th.: o.k., hee made a sugestion, to me, in order, to get hi:m, t'eat, he said I'd have to, pretend I'd, give, him a reward
 Clt.: °(um)
 Th.: if he ate....an y'did it

Clt.: °(ye(h)s)
 Th.: o.k., a:n did it work
 Clt.: yes it did ((may be laughing here))
 Th>: o.k.....a:nd so it was nice b'tween you that
 day
 Clt.: yea:h I- a- he jus' came out with it an- an I
 thought it was- it was the- y'know it was so
 cute the way he said it//that really it got
 t'me
 Th.: yes
 Th.: it sounds like he's saying I want you t'play
 with me
 Clt.: ((laughs)) ye(h)s, ((voice trails off and
 becomes sad)) which I havn' been doing

Wendy's regret might have developed into a topic of
 discussion, but it doesn't. Instead the discussion pro-
 ceeds in a different direction. Rather than allow Wendy
 to elaborate on her regret, the therapist uses it to
 create a transition to the next topic. She blocks further
 discussion of the theme, and introduces another idea,
 which she does not develop, learning from experience.
 This happens very quickly, and the therapist's statement
 overlaps the last word of Wendy's next utterance:

Clt.: ...which I havn' been doing
 Th.: a:::h
 Clt.: °(no I havn' been doin//it)
 Th.: so you learned from-
 Clt.: yea:h
 Th.: children tell y' don't they

By inserting an idea which she does not plan to
 develop, the therapist has made a transition, and can
 introduce the next topic, which constitutes the following
 segment.

Segment C

In the third segment, the initial part of which was
 discussed at the beginning of this chapter, the positive

mood of the previous segment is continued, and it continues through the next segment as well. Wendy has made her statement of what was important to her in the therapy experience unsolicited, and the therapist, before returning to the order of the session imposed by the questionnaire, attempts to build on her enthusiasm, including the technique which she will teach her as another reason to feel positively about the therapy. Her utterance overlaps the last two words of Wendy's statement:

Clt.: really//felt good

Th.: yeah..yeah, well I think i- you are under a lot of stress, a:nd um, that's why I'm glad, that you're doing this, an I think that the technique that I'm gonna describe to you in a few minutes-, I think you'll prob'ly learn it pretty quickly ((breath)) u:m y'just look like that kind of person ((short laugh))

Wendy picks up the therapist's mood, and joins her laugh. Probably for both this is a nervous laugh, but it is also one of those points where the fact that they are working together is most evident. Wendy continues:

Clt.: I hope so ((laughs))

Th.: a:nd, you certainly are motivated t'do it, uh an I'll try t' teach it as well as I ca:n, again I'm, also learning, as we do it we're all, always learning

Clt.: °(o.k.)

Th.: we'll do it together

Clt.: °(yeah)

Th.: yeah...

The foregoing constitutes the entire of segment C. Its importance lies in the contrasting of two possible meanings of the experience for Wendy: as an opportunity to talk about the problems she has been having, or, in addi-

tion to talking, to learn a technique which will help her think about these problems and help her solve them. This segment introduces the notion of the technique, and it contains the first juxtaposition of Wendy's and the therapist's way of seeing the therapy; the opportunity to talk, and learning the technique. How these two ways of seeing the experience interact and contribute to change constitutes a theme to be followed through the remainder of the therapy.

Segment D

In this segment, which is the longest one so far, Wendy again brings up her relationship with her mother and sister, but again, only indirectly. Nevertheless, we learn something about her relationship with her them. She spends every evening at either her mother or her sister's apartment, suggesting that she is rather dependent on them. Two of the themes of the last segment, talking with Nicholas, rather than getting angry, and "now" vs. "before," figure in this segment as well. This segment is introduced by the final question on the questionnaire which is as follows:

Th.: ...was there a time during the past week when things could have gone badly, but you did something, or said something, or maybe even thought something that helped t'head it off

Wendy answers by saying that she used to have a problem every evening. She used to stop at her mother's or her sister's apartment and stay so late that she'd have

to rush to get ready for the next day. One reason that she'd stay so late was that there was nothing for Nicholas to do at home. Part of the rushing was to get Nicholas through his bath quickly, and she would get angry when he wouldn't want to do it. The past week, however, things were different:

Clt.: ...he still tried n- y'know to linger about doing it an not wanting to, y'know

Th.: mmhm

Clt.: to get out of it

Th.: yeah

Clt.: but I um....like I- I- t- I s- spoke t'him i:nstead of y'know, sayin well I'm gonna get angry at you if you don't go ahead an do it right now

Th.: mmhm

Clt.: I u:m....you know I talked to him I explained y'know..you have to get up ss- at a time in the morning

Th.: mmhm

Clt.: um you have to do it now....y- you don' wanna go to bed a- all dirty or y'gonna be to y'know

Th.: o:k.

Clt.: yeah..I tried t'talk t'him somehow

The therapist is initially confused about what Wendy is telling her. She restates what Wendy has said as that she wasn't staying as late at her mother's or her sister's, but Wendy says, "no," that wasn't it. It "didn't really matter so much whether I left early or stayed late." What really made the difference was that she talked to Nicholas. Then, "he didn't..like rush into it but...I guess he..saw reason t' what I was saying..." She adds that she also tried to get Nicholas to talk to her about things that might be bothering him, but that didn't work. The therapist closes saying that not everything happens overnight, leaving hope that this too will

work soon.

The emphasis on talking as a way of solving problems is very strong in this segment, and this turns out to be a theme for Wendy in the rest of the therapy, as well. Her belief is very much that talking and reason are the proper ways to get Nicholas to cooperate. The concept of propositional statements was discussed in the preceeding chapter. As will be shown in the following chapter, this belief is also one of Wendy's main propositions concerning raising children.

Segment E

The fifth segment is the longest so far, and the longest of the session, approximately one third of the forty five minute tape. In this segment, the therapist introduces the cognitive behavioral technique that Wendy is to learn. Since the question of the therapist's teaching, and the role of the technique of in the therapy will be taken up in a later chapter (see Chapter VI), this segment will be discussed there rather than with the other segments of the first session.

Segment F

This segment is devoted to a discussion of Nicholas's father. There are two subsegments within the segment, F-1 and F-2. In F-1, Wendy tells a story of a recent event involving Nicholas, his father, and herself. In F-2, the therapist begins to help Wendy use the cognitive

behavioral technique which she has just introduced to plan ways to involve her husband, who is currently in prison, as a more active parent to Nicholas while he is still away.

The story Wendy tells in F-1 is interesting in its parallelism with the story she tells in segment A. In F-1, Nicholas wanted to go downstairs to play a video game. Wendy wouldn't let him because she was worried that the neighborhood isn't safe, and she would want to go with him, which she wasn't able to do at just then. She describes what happened:

Cl.: y'know....so his father called n I- I said
 I'm gonna s- put the suggestion t'your father
 he thinks it's right that I should send you
 downstairs..at that time//by yourself//y'know
 Th.: °(mmhm)
 Th.: °(mmhm)
 Cl.: so..he gota look on 'im
 Th.: °(mmhm)
 Cl.: an he told his father..that he- he wants to
 an um
 Th.: mmhm
 Cl.: mommy won't let him if he think--if he--if
 he y'know think that he should go
 Th.: mmhm
 Cl.: that mommy should let him go
 Th.: um
 Cl.: an 'is father said a- o.k. Nicholas I give you
 permission then he got on the phone with me..
 a:n he wanted t'know what it was about y'know

The sequence of events is significant. Rather than Wendy explaining the situation to the father, herself, before he makes a decision, or rather than the father asking to speak with her first, he speaks to Nicholas and makes the decision the child wants. Only then does he ask Wendy for an explanation of what it was that he has de-

cided. In Minuchin's (1974) terminology, Wendy has been displaced from her role as a parent by a coalition between the father and Nicholas.

The parallel between this story and that told in segment A is almost exact. Only the ending differs. In both stories, Nicholas a) wants something, which b) Wendy feels he shouldn't have. c) She says no, but d) feels unable to meet his resistance. This results in a temporary stalemate until e) a third party steps in. The difference between the two stories is that in segment A, Nicholas was effectively led across the street and away from the object he desired, but in F-1, he was given what he wanted. In both cases, however, Wendy felt herself unable to enforce her judgement and brought in a third party to act for her.

Segment G

This is the concluding segment. Although the tape runs out before the session is definitively over, the style of conversation in this segment suggests that unless a new topic is raised which reengages both participants, the session will be ended within a few sentences.

The segment begins when the therapist makes a summing up statement about the use of the technique, following closing out the discussion of its use in F-2. She says:

Th.: an that's basically what we're gonna be thinking about here..think in your

mindlists..what could I do what could I do
 what could I do 'h is that good is that bad
 will it work lemme try it..let me try it..
 cause you're not gonna come up with anything
 kooky I think I..c'n see that you're a pretty
 sensible woman....but you will come up with
 different ideas

Clit.: I

Th.: try them....you're still in control

There is a short digression, when the therapist mentions Wendy's sister-in-law as a person who might be able to help in coming up with ideas. Wendy reminds her about a previous conversation about this sister-in-law, and that they were out of touch because of some family matter. This might have become a separate discussion, but the therapist returns to the topic and to closing the session:

Th.: ...an maybe even talking t' your sister-in-law.. who has.. thiss little magic touch

Clit.: O (hmm)

Th.: maybe she can help you

Clit.: um that's- that's the problem..were not..w- because that's my brother's wife, because uh

Th.: o::h problem with th' kids

Clit.: ye:ss

Th.: I see//I see

Clit.: (not intelligible)

Clit.: we're like out of touch (not intelligible) that time

Th.: that's a- that's another problem..maybe we can pr-

In her last utterance, during which the tape ends, the therapist returns to the topic, and suggests that this situation is amenable to the technique, and at some future time they work together on it. With this statement, she makes a connection between this session and the sessions to come.

Themes and Structure

In this overview of session one, I have tried to trace what I feel are the significant themes and internal divisions. These are summarized in the chart below.

Segment	Themes	Outcome	Predominant Speaker*	Predominant affect
A	1,4	neg.	Wendy	neg.
B	2	pos.	Wendy	pos.
C	1,2,3,5, 6		Wendy& Therapist	pos.
D	2,3		Wendy	pos.
E	5		Therapist	
F	4	pos.	Wendy& Therapist	pos.
G	5		Therapist	

*The predominant speaker is the one who introduces the major topic.

Themes: 1 Didn't get angry 2 "then" vs. "now" 3 Talked with Nicholas successfully	4 Problem solved by a third party 5 Value of the technique 6 Opportunity to talk
--	---

The initial session is the most tightly structured of all of the sessions, but the type of divisions by topic occur in subsequent sessions as well, and the principle which I have established in this chapter will hold in the analysis of subsequent sessions also. Likewise, the themes which occur here, as I have mentioned at the beginning of this chapter run through the rest of the sessions.

How these themes develop, and play a role in the therapeutic change to come is the subject of the remainder of my analysis.

CHAPTER V

A LOOK AT SEGMENT A

In the last chapter, I presented an overview of the first therapy session, and a division of that session into segments. In the chapter which proceeded it, I introduced a methodology based on that of Labov and Fanshel (1977). In this chapter, I will apply this methodology to take a detailed look at the initial segment of the first session.

I have chosen segment A for this kind of dissection because it contains a story which is referred to several times during the course of therapy. The underlying theme of this story, Wendy's inability to withstand Nicholas's resistance and her finding another person to take over and get him under control, is paradigmatic of her difficulties as a parent, and repeats itself several times during this and subsequent sessions.

Internal Structure

Like the session as a whole, the individual segments within the session have internal divisions. Segment A has seven major subsegments, a through g, and within many of these subsegments there^{are} further divisions, sub-subsegments. These divisions within the segment distinguish unities of content or affect.

As was discussed in the previous chapter, the

largest divisions within the session, the segments, mark discrete topics. The subsegments and sub-subsegments, and any smaller divisions, are differentiated by changes in affect or in the perspective from which the topic is discussed. For example, in subsegment b Wendy tells a story which constitutes the topic for the entire segment. The following subsegment, c, begins when the therapist asks a question about this story. This marks a change from Wendy relating the incident to both of them discussing it.

Throughout the therapy sessions, but particularly in session one, the therapist plays a controlling role. She controls the flow of discourse and its content, and does this by encouraging certain contributions and discouraging others. Instances of her exercising this control can be seen in segments C and G, discussed in the preceding chapter.

In this session, the therapist's inputs function in two ways. The first of these is managing the session, which is accomplished in several ways. First, as boundary markers, it is usually the therapist's interventions which define the subframes and sub-subframes, and form the points of demarcation between them. In marking boundaries and defining frames, the therapist's statements refer back to the overall frame, Therapy/Research/Cognitive Behavior Therapy, and continually reframe the ongoing discourse with respect to that context. They have the effect of

saying, "this is what we're talking about, and this is how we discuss it." The overall frame possesses a set of rules, some explicit, some only implicit, embodying the dual needs of research and therapy. Among other functions which they carry, the therapist's interventions serve as a means of teaching these rules, which concern how to act in a therapy session of this particular type, how the session is to be structured, and how things are to be discussed.

At the same time as they structure the session and the immediate discourse, the therapist's interventions also function in the service of the therapeutic aims. To say this may seem like stating the obvious, but it is just because the therapist's interventions function in the first sense that they are able to function in the second. Haley (1976) discusses what he terms "manipulation" in therapy. Whether consciously or not, the therapist encourages certain topics, blocks off others, and performs a large number of interpersonal manoeuvres which guide the client in what topics to discuss, how to discuss them, and even, to some extent, what conclusions to draw from the discussion.

The client also has a hand in shaping the interaction. While the therapist controls the flow of discourse on an obvious level, the ways in which Wendy exerts control are more subtle. One of these is her stance of helplessness. She shows this helplessness by being inarticulate, by talking in a low voice, by a sometimes

childish choice of words, and by crying at certain times. In adopting this stance, she places the therapist in a position of having to give her considerable support and reassurance. Also, by her diligence in following the therapist's lead, she encourages her to be very active in taking charge of the discussion.

One very obvious feature of Wendy's speech is its "tongue-tied" quality with false starts, frequent pauses, and frequent self-correction.* There can be several possible explanations or, perhaps, several aspects to one overall explanation, for this tongue-tied quality, which persists from start to finish through the tapes. Without going too deeply into a psychological explanation, which is outside the scope of this study, this kind of speech can be the result of a sense of inferiority in the relationship, as Goffman's (1967b) writing on deference and demeanor suggests. Alternately, it can result from Wendy's not wanting to say the wrong thing, either in general because she is afraid she doesn't know what to say in the therapy situation or perhaps because she is afraid to let the cat out of the bag about how much she is hitting or yelling at Nicholas. If Wendy is, on whatever

 *Schegloff, Jefferson, and Sacks (1977) use the term "repair" in preference to "correction," as the latter "is commonly understood to refer to the replacement of an 'error' or 'mistake' by what is 'correct.'" The phenomenon to which both they and I refer is "neither contingent upon error, nor limited to replacement." However, I have chosen to stay with self-correction as the less unwieldy of the two terms.

level, afraid to say the wrong thing, whatever that wrong thing might be, then, by having the therapist closely guide the discussion she protects herself from the possibility of inadvertently doing so.

Segment A

This segment, running seven minutes on the tape, is, like those immediately following it, devoted to the questionnaire portion of the session. As such, it is divided by the therapist's questions into many smaller portions--subsegments, etc. Nevertheless, as will be shown in the analysis below, the dialogue which runs through the various subsegments is continuous. The content of each new subsegment builds on what went before rather than starting fresh with each new division in the dialogue prescribed by the questionnaire.

The tape begins as the therapist opens the session with the introduction from the questionnaire. While this general introduction to the session and to the work they are about to do does not relate directly to the content of what is immediately to follow, I have included it with segment A for convenience, rather than consider this very small portion of the session as a segment in itself.

Subsegment a is as follows:*

*Lines are numbered within each subsegment for convenience in locating significant features, and line numbers do not represent real time. Line numbers for units smaller than subsegments will be indicated, but these units will not be separately numbered.

a.01 Th.: ...two of the questions- three of the questions that we asked at the beginning..u:h an the purpose for that is..just t'keep, track on how things are going with you an the
 .05 kids..(2)..so that when we look at..over- all..when we're finished..we c'n get a sense of how things went..o.k....

I will not do a full expansion of this introductory statement, since its purpose is mainly to open the session. However, there is one feature which should be noted, the intonation pattern on the words, "just t'keep track." The word, "just" contains a falling-rising tone (tone 3), there is a minute pause of one beat following keep, and the word, "track" carries a falling tone (tone 1). This creates a sing-song cadence which lightens and personalizes the words the therapist is reading. She is using the introduction to build rapport, as well as to give information and to formally open the session.

Having given her introduction to the session, the therapist follows immediately with the first question, which begins subsegment b. The text is as follows:

b.01 Th.: u:m..the first question is was there a time during the last week when you'n your children or any one of the children..just didn' get along

Wendy is silent for two and a half seconds, She requires much prompting and several turns to actually begin her answer. Her initial one word reply is barely audible on the tape.

.05 Clt.: ..(2.5)..^o(yes)

The therapist's prompting brings only an identification of Nicholas as the child in question, again

spoken in a low voice.

Th.: o.k. an now which child was that
 Clt.: °(that's Nicholas)

The therapist's next question, which she herself answers, is addressed to establishing a factual matter, both for her own reference and to fill in a blank on the questionnaire. She then asks directly for a narrative:

Th.: Nicholas o.k.- an Nicholas is how, he's
 seven, yeah o.k. ((breath)) could y'tell me
 .10 briefly what happened

In spite of her general difficulty in speaking, Wendy proves a competent story teller. As with the one she offered the previous week (see Chapter III), her account here contains a range of those elements Labov (1972) identified as belonging to a fully formed narrative. She begins with an abstract.

Clt.: ..(3)..as a matter of fact..the
 main thing- the one that really got to me
 was- yesterday it happened
 Th.: uhuh

This is followed by an orientation: she, Nicholas, and the baby had gone shopping to buy some things for the baby. She says:

.15 Clt.: u:h we went- I went shopping to get 'im a
 hoop
 Th.: uhuh
 Clt.: or a stroller..and um
 Th.: °(umhm)

The complicating action begins with Wendy relating that Nicholas had wanted something, a video game. As she talks, the therapist engages in considerable "active listening," punctuating the narrative with frequent

"mmhms," "uhuhs," and "o.k.s," thereby encouraging her to go on with the telling. Wendy takes seventeen turns to complete the story. In the next five of these, she sets the scene. She continues:

- .20 Clt.: he wanted something a// video game
 Th.: uhuh
 Th.: mmhm
 Clt.: firs' he wanted t'look then we looked..y'know
 Th.: mmhm
 .25 Clt.: we stopped an we looked
 Th.: mmhm

As Wendy gets to the core of her narrative, she becomes more spontaneously verbal. Her utterances become longer between the therapist's mmhms. However, as she comes to this point in her story, her narration takes on a more emotional quality. Although she says more, she seems to have more difficulty saying it. She becomes more hesitant, interrupting herself more, and pausing more frequently than in the part of the story that went before. She goes on:

- Clt.: an then he wanted t'go inside because he
 thought i- it-..it might be a little
 money an I could get it
 .30 Th.: mmhm
 Clt.: an I told 'im- I said I couldn't b'
 cause I didn' have any more money
 Th.: mmhm
 Clt.: a:nd u:m..(3)..he started y'know- he start-
 ed crying
 .35 Th.: mmhm o:k.

So far, what Wendy has described is a seven year old boy crying because he can't have something he wants, an occurrence which might ordinarily be annoying for a mother, but not particularly unusual or upsetting. However, from

the previous week's session, we know that Wendy sees Nicholas as an unusually difficult child, and claims that he habitually does not listen when she wants him to do something. At any time, then, his crying could be, as turned out here, a prelude to something worse. In relating this incident, she is giving a further demonstration of how difficult Nicholas is. Her point is summed up later on, in segment E of this session, when discussing the same incident, she says, "he's got it set his way and he'd like it t'happen exactly that way."

Wendy continues, detailing her efforts to deal with Nicholas's rebellion. She first attempts to reason with him. As she tells the story she says that she, tried to talk to him, implying that this kind of thing is something she has been through many times, and has learned that although she can make an effort with Nicholas, there isn't any assurance of meeting with success. She says:

- Cl.: a:nd u:m..(2.5)..I tried t'talk t'him like
 ..I was a--at the corner ready t'cross the
 street
 .40 Th.: mmhm
 Cl.: and I- y'know I said Nicholas I'm gonna go
 across the street now an you have t'come
 wit me
 Th.: mmhm

At this point it is useful to apply microanalysis to what Wendy is saying. First, the paralinguistic cues:

Loss of fluency--initial vowels on "and," and "um" elongated, followed by a pause of 2.5 seconds. Further short pauses following, "like," and "I was a--" which is broken off--suggests greater emotionality. Emphasis and rising intonation on "come," as Wendy

quotes herself talking to Nicholas.

The expansion, which follows, adds two new general propositions to the those from the pretest session. They are, {Obey-N} Nicholas should obey Wendy, and {Try-W} Wendy tries to do the right thing with Nicholas.

Expansion: Clt.: <EV. (D.) {Try-W} I tried to talk to Nicholas (although {~Listen-N} he usually doesn't listen). I was at the corner, ready to cross the street, and I said to him,> <F. I'm going to go across the street now and {Obey-N} you have to come with me.>

Wendy is describing here how she talked to Nicholas as if he were the sort of child who is not difficult and whom she could count on to obey her. According to Goffman (1967a):

Every person lives in a world of social encounters, involving him either in face-to-face or mediated contact with other participants. In each of these contacts, he tends to act out what is sometimes called a line--that is, a pattern of verbal and nonverbal acts by which he expresses his view of the situation and through this his evaluation of the participants, especially himself. Regardless of whether a person wishes to take a line, he will find that he has done so in effect. (p. 5.)

In describing her interaction with Nicholas in this way Wendy is taking a line. She contrasts her reasonableness with Nicholas's extreme reaction, and thereby demonstrates just how unreasonable he is. This attitude is represented in the interaction statement immediately below. The interaction statement also gives us the first local proposition, {2} Wendy did the reasonable thing in the way she spoke to Nicholas, and three more general propositions, {Reas-W} Wendy is reasonable; {~Reas-N} Nicholas is not reasonable; and {Victim-W} Wendy is a

victim of Nicholas.

Interaction statement: Wendy describes {2} her reasonable behavior in talking to Nicholas. She thereby demonstrates Nicholas's unreasonableness {~Reas-N}, and by contrast, her own reasonableness {Reas-W}. She thereby presents herself as {Victim-W} the victim of an unreasonable child and asks for sympathy from the therapist.

Wendy's efforts were not successful, and only resulted in an intensification of Nicholas's resistance. She reports that he told her to shut up. Then she gives what is probably a nervous laugh. If Wendy believes that Nicholas should obey her, here he is doing anything but. The text is as follows:

.45 Clt.: and u:m..he started yelling an 'e got- 'e
 tol' me t' shut up a:n (h)y'(h)know
 Th.: mmhm

Wendy is describing an all-out tantrum. However, it appears difficult for her to decide what to call it. In her next turn, she pauses for one and a half seconds, as if searching for the right word, before saying that Nicholas got "very upset." Having said that he was upset, she pauses, and says he got "a little," then pauses again before she finally articulates the word "mad." She then adds "in that way," perhaps encapsulating anger she is describing, as if to say, "he has this way of getting mad; it's happened many times; I'm familiar with it; and it doesn't really amount to much." As she says this, she speaks without obvious feeling, distancing herself from the emotion connected with what she is telling. Anger, her own toward Nicholas or his toward her, is a difficult

subject for her. She says:

Clf.: he- he got ve:ryy-..(1.5)..very upset t'the
point where he ss//-..he got a little..mad
.50 at me in that way

Th.: mmhm

Th.: mmhm

Paralinguistic cues: pauses; self-corrections; use of
"a little" to minimize "mad."

Expansion: <EV. (D) Nicholas got very upset to the
point were he got a little mad at me in the way he
typically does.>

The interaction statement adds another
proposition: {~Anger-W} Wendy lives in an environment
where there is very little anger.

Interaction statement: Wendy describes Nicholas's
emotional state characterizing him as upset, but only
"a little" mad. She thereby {~Anger-W} presents
herself as someone who lives in an environment which
contains very little anger.

She goes on to describe her predicament. In doing
so, she repeats, evidently without realizing it, that he
told her to shut up. Although she doesn't explicitly say
so, his talking to her that way must have upset her a
great deal.

In her evaluation of the situation that, "y'couldn'
do anything wid 'im," her use of the impersonal "you,"
rather than "I" poses a question as to what she means to
convey. She is either saying that she, Wendy, couldn't do
anything with Nicholas when he got that way, or she is
making a more general statement, "nobody can do anything
with him when he gets that way." If she is saying the
latter, she contradicts herself almost immediately when

she tells about how she was rescued. Yet, the way she states it, she seems to be saying more than that only she can't do anything with him. She seems to be making a statement about what Nicholas is like, rather than about her ability to control him.

Nevertheless, the first interpretation fits better with a pattern which recurs in a number of sessions. In several of the episodes she recounts, Wendy describes finding herself helpless to control Nicholas, and then someone else taking over. For example, later in this session (see Chapter IV), she tells how she gave the responsibility for a decision about what Nicholas is allowed to do to her husband, even before she fully arrived at an impasse. Her statement introduces a new proposition; {Stand-off} when Nicholas is really upset, Wendy can't do anything with him. She says:

Clt.: he..tol' me t'shut up an
 Th.: mmhm
 .55 Clt.: he didn' wanna..cross an
 Th.: mmhm
 Clt.:y'couldn' do anything wid 'im...

Paralinguistic cues: frequent pauses; use of impersonal "you," rather than "I."

Expansion: Clt.: <EV. (D) Nicholas told me to shut up, and (C) he didn't want to cross the street even though {~Obey} I had told him he had to, and {Stand off} he was in a state where I can't do anything with him.>

Interaction statement: Wendy describes how Nicholas talked back to her, would not obey her and cross the street, and could not be influenced. She thereby reinforces her earlier presentation of him as {Difficult-N} an unusually difficult child.

Then she tells how the incident ended. She says:

Clit.: finally this lady came along an
 Th.: O (mmhm)
 .60 Clit.: ..she coaxed 'im into..y'know
 Th.: o.k.
 Clit.: goin' wit me

Only another person, in this case a stranger can control Nicholas when he becomes really upset. Wendy cannot.

Paralinguistic cues: pause following "an," and "into."

Expansion: Clit.: <EV. Finally, after some time passed and I couldn't get Nicholas to go with me, a lady came along and, with some effort, managed to persuade him to go with me.>

This statement introduces two more local propositions, {3} Nicholas was so upset that Wendy was helpless to control him, and {4} Nicholas was so upset that it required a third person to control him. These imply a set of general propositions. The first of these is {Third person} When Nicholas is sufficiently upset, only a third person, not Wendy can control him. The second is, {Helpless-W} when Nicholas becomes sufficiently upset, Wendy is helpless to control him. The third is, {Less-W} Wendy is less able to control Nicholas than other people are.

Interaction statement: Wendy continues her narrative and describes how a lady came along and coaxed Nicholas across the street. She thereby claims {3} that Nicholas was so upset that she was helpless to control him, and {4} he was so upset that it required a third person to control him. She thereby claims {Helpless-W} that when Nicholas is sufficiently upset, she is helpless to control him, and {Third person} when Nicholas is sufficiently upset, only a stranger, not Wendy herself, can control him. She thereby again {Difficult-N} reinforces her presentation of Nicholas as an unusually difficult child and presents herself as {Less-W} less able to control him than other people

are.

Within the above interaction statement there exists a hierarchy of propositions at an increasing level of generality. The local propositions apply to that incident alone, but they refer to more general propositions which apply to all incidents of this type, which in turn refer to still more general propositions about the sort of person Wendy is and the sort of person Nicholas is. The following diagram displays this hierarchy.

Wendy: 1) continues narrative and thereby

2) refers to local propositions:

{3} Nicholas was so upset that Wendy was helpless to control him, and

{4} Nicholas was so upset that it required a third person to control him.

3) She thereby refers to general propositions:

{Helpless-W} When Nicholas is sufficiently upset, Wendy is helpless to control him, and

{Third person} When Nicholas is sufficiently upset, only a stranger, not Wendy, herself, can control him.

4) She thereby refers to propositions at a greater level of generality and

a) reinforces her presentation of Nicholas as:

{Difficult-N} Nicholas is an unusually difficult child.

and b) presents herself as:

{Less-W} Wendy is less able than others to control Nicholas.

On the next turn the therapist interrupts and ends Wendy's narrative, and with it subsegment b. In the remainder of the segment, Wendy builds on what she has already presented, and, at the prompting of the therapist, begins to explore her original self-presentation. As she leads Wendy through this process of elaboration and exploration, the therapist begins to put forward some propositions of her own which will lay the groundwork for the new point of view she wants to teach. Although, the remainder of the segment is devoted to the questionnaire, the therapist's questioning, exploring and seeding of ideas begins the therapy as well. Since both parties present hidden, as well as open, messages as they speak, in what follows, I will look at some of the hidden content in the therapist's speech as well as that of her client.

The Next Two Subsegments

The following subsegment is quite brief. It comprises the therapist's next two questions, which are closed ended, along with Wendy's answers. The first question is:

c.01 Th.: so how unreasonable..would you say th't Nicholas's behavior had been..not at all, somewhat or very little..pretty unreasonable..or very unreasonable

Interestingly, Wendy does not choose the most extreme answer offered, although what she has just described would suggest this. Rather, after some hesitation, she says that Nicholas's behavior was "pretty unreasonable."

She says:

.05 Clt.: ..(2)..um..(1.5)..uh- pretty unreasonable

The therapist, drawing a breath, as though somewhat reluctant to ask it, follows with the next question.

Wendy's answer again comes hesitantly, this time with some confusion. First there is a long, four second, silence then she denies anger, then she concedes that she was "somewhat mad." Until this point, she has only spoken about Nicholas's anger, which she has not acknowledged as very great. She had not yet acknowledged her own. The exchange is as follows:

Th.: o.k. ((breath)) an how angry..or upset..did that behavior make you

Clt.: ..(4)..I wasn't- I w- I would say somewhat mad

Wendy's difficulty in answering stems from the inconsistency between the way she is presenting herself, and what she has just described. She presents herself as a reasonable person, a single mother struggling with limited funds, but with an son who does not appreciate this reality, and who acts in unreasonable ways. She is a person who tries to do the right thing, as in the way she talked to Nicholas--the unspoken contrast is instead of using force--and she is a person who does not go to extremes, even in labeling her son's behavior. Therefore, that she was not exceptionally angry is important to this self-presentation. However, strong feelings lie just below the surface, and in what follows, they briefly emerge.

The shift in focus from the two closed ended ques-

tions back to the narrative, which accompanies the therapist's next question, begins subsegment d. There are actually two parts or sub-subsegments within this subsegment. The first of these, lines 1 through 21, is made up of Wendy's answer to the therapist's question. In her answer, Wendy talks primarily about her internal state, and doing so, comments on what she has said in the earlier narrative. In Goffman's (1974) terminology, this subsegment is a "keying" of subsegment a. First Wendy relates (Goffman would say "replays") what occurred, then she re-relates it, but from a different standpoint, thereby commenting on the action rather than describing it. In this subsegment, she also restates in greater detail what she has already told in subsegment a.

The second sub-subsegment begins with line 23 and runs to line 37. In this part, the therapist carries the weight of the dialogue, restating what Wendy has just said, and attempting to help her to view it differently.

Subsegment d begins with the therapist's next question:

- d.01 Th.: o.k. an what did you do
 Clt.: ..(2)..first I tried talking- I- it got to the point where I-
 Th.: mmhm
 .05 Clt.: I got a little..I would- I could say..disgusted where I- I just
 Th.: mmhm
 Clt.: I jus' stood there with him- like I tried
 Th.: mmhm
 .10 Clt.: t'talk t'him it didn't //work
 Th.: yeah

Talking about her feelings of frustration

and helplessness, as she was unable to get Nicholas to cross the street with her, Wendy's voice betrays increasing emotion. At the end she is almost crying.

She says:

Clt.: an I jus' didn' know what else t'do
 Th.: ^o(o.k.)
 Clt.: I didn' wanna hit 'im..//or yell at 'im
 .15 Th.: mmhm
 Th.: o.k.
 Clt.: so I juss-
 Th.: ..(2)..yeah
 Clt.: I jus' stood there hoping y'know
 .20 Th.: hoping for what
 Clt.: waiting for- for something t'(h)ha(h)ppen
 Th.: o.k. ..o.k.
 Clt.: a change or something ((almost sobbing))

It appears that Wendy is about to break down and cry, and the second sub-subsegment begins with the therapist taking charge. She commented in the playback session, that her intent was to normalize Wendy's experience, and also prevent her from breaking down. She describes the interaction at that point this way, "She is probably responding to my supportiveness by beginning to sob. Then I take back the permission, and I say to her, 'Hey! it's really o.k.!'"

She rephrases Wendy's story, normalizing her inability to get Nicholas to cross the street with her. Her voice is soothing as she responds to Wendy's distress, but her first attempt at calming her is not successful. On line 26, Wendy is sobbing as she starts to speak. She responds to the therapist's "I just stood there waiting," as confirming her feeling of helplessness and the approp-

riateness of crying. The therapist interrupts her, though, and, again in a soothing voice, continues restating the story Wendy has told.

She says:

- Th.: I-ss-jus'-...I guess...that c'n happen...I
 .25 jus' stood there waiting
 Clt.: I did- ((sobbing))
 Th.: for something t'happen...an along came...//this
 Clt.: the la-
 Th.: lady
 .30 Clt.: yeah
 Th.: yeah o.k. ..so a lady came along..(2)..an
 coaxed 'im..(2)..coaxed him across the street
 Clt.: yeah
 Clt.: ye:ah
 Th.: ^o(o.k.)

The therapist was successful in preventing Wendy from breaking down. On line 33, as she responds to the therapist's restating her narrative, Wendy's voice is calmer. In her next statement, she leaves the emotional part of the story and makes a factual statement about when the incident occurred. She says:

- .35 Clt.: ..(2)..^o(this was the day before not
 yesterday)
 Th.: o.k. but it was within the las' week
 Clt.: ^o(yes)

Wendy's purpose in making the last statement is not at all clear. Given that she had just narrated some very emotional material, and felt herself about to break down, only to be redirected by the therapist away from doing so, this concrete statement about time may be a way of distancing from the feelings which the incident brought up. It may even be an attempt to deny the importance of the incident by denying that it was what the therapist had

asked for. A third possibility is that Wendy just wanted to be reassured that the story she told was alright, and that her contribution was acceptable. However, the therapist does not address, and therefore clarify, the possible interactional meaning of Wendy's statement. Her response, on line 37, is on a factual level; then, on the next line, she reasserts her own agenda. Given everything which has just happened, she somewhat self-consciously--clearing her throat before proceeding--goes on to the next question in the questionnaire, which begins subsegment e. She says:

e.01 Th.: Alrighty ((clears throat)) looking back at it now..could you have avoided that

Subsegment e

In the preceding subsegment, unlike in the initial telling, Wendy began to express just how painful the incident was to her. Later on she will go more deeply into her feelings of helplessness and frustration. Subsegment e, however, moves away from feelings, and begins to explore Wendy's ideas and beliefs surrounding her view of the inevitability of what happened. Since this discussion, like that of subsegment b, deals with Wendy's perceptions of her role as a mother, and of Nicholas's behavior, I will return to microanalysis to look at the propositional content of the dialogue.

The topic of the subsegment as a whole is whether Wendy could have avoided the incident. However, this subsegment contains three sub-subsegments. Within the

larger topic, the therapist asks a series of questions, each of which changes the focus of discussion, and therefore begins a new sub-subsegment.

The therapist's first question, along with Wendy's answer, which comes in three turns, make up the first sub-subsegment running from lines 1 to 11. In each turn, following the therapist's "mmhm"s, she elaborates a little more. She begins by saying:

Clt.: ..(3)..⁰(I- I don' think so)
 Th.: mmhm
 .05 Clt.: ⁰(in w-) that thee u:m- well I could've wen'
 in the store which I didn' doo
 Th.: mmhm

Her first try (line 3), appears confused, as though the question has caught her off guard. She pauses three seconds before answering, and answers tentatively. Following the therapist's "mmhm" she tries to explain, but makes two false starts before actually finding what she wants to say.

By her third turn, although there are still signs of unsureness, she is more sure of what she wants to say. Her use of "probably" on line 8 softens an assertion which is probably her main point, that she knows Nicholas. In fact, the fact that she softens the assertion is a tip-off that it is her main point. She continues:

Clt.: an I didn' go in b'cause i-..he would..
⁰(prob'ly, s-) start a scene inside the store
 .10 wanting me t' buy it an I didn'--..I wanted to avoid
 that inside the store

Paralinguistic cues: brief pauses followed by changes form of statement; emphasis on words "he", "scene," and "inside." Use of "probably" in a low voice to mitigate statement.

The expansion contains two new general propositions, {Understand} Wendy Understands Nicholas, and {Scene} When Nicholas doesn't get what he wants, he makes a scene.

Expansion: Clt.: <EV. (C.) {Understand} I know what Nicholas would have done If I had taken him inside the store, {Scene} he would have started a scene there to try to get me to buy the video game he wanted, and I wanted to avoid a scene inside the store.>

The interaction statement adds a new proposition, which is a variation of one which appears in Therapeutic Discourse (Labov and Fanshel, 1977). The proposition appears in Therapeutic Discourse as {Interpret-th} the therapist is competent to interpret the emotions of others, and it will appear here in that form later on. At this point, however, it occurs as {Interpret-W} Wendy is competent to interpret Nicholas's actions to others.

Interaction statement: In saying that she knows what Nicholas would have done in the store, that {Scene} he would have made a scene because this is what he does when he doesn't get what he wants, Wendy thereby claims that {Understand} she understands Nicholas, and thereby {Interpret-W} claims the right to interpret his actions to others. She thereby reinforces her claim that {Difficult} Nicholas is an unusually difficult child.

The next sub-subsegment is very short, running from lines 12 to 15. It is devoted to restatement and clarification, devices the therapist uses to make the implied content explicit, which, as Labov and Fanshel (1977) point out, is one of the aims of therapy. The entire text of this sub-subsegment is as follows:

Th.: so that wouldn't have avoided it going into
the store
Clt.: nno.//^o (I don't think it would've)
.15 Th.: ^o (o.k.)

In the third subsegment, lines 16 to 32, the therapist restates her question in different words, but the answer is the same. Wendy can't think of a way the incident could have been avoided. In form, the therapist is simply asking a question. However, since Wendy has already stated her belief that the situation was unavoidable, because of the way Nicholas is, the request to think of alternatives is also a challenge to Wendy's implication that she understands Nicholas, and as his mother, is competent to interpret his actions to others. The highly mitigated way in which the therapist couches her question is a way of softening the implied challenge, and she uses several forms of mitigation, which I have highlighted in the paralinguistic cues section, below.

Nevertheless, the fact that the therapist doesn't simply accept Wendy's belief that the incident could not have been avoided does constitute a challenge, however mildly stated. In the face of even this highly mitigated challenge, however, Wendy withdraws. Her long pause before answering, and the low volume with which she gives her one word answer, suggests her lack of confidence in the answer she does give.

The exchange is as follows:

Th.: c'nyou think of anything now as you look
back- uh-s-very often it's easier the next

day t' think of- gee I could've done this, I
could've done that
.20 Clt.: ..(3.5)..⁰(no)

Paralinguistic cues: Th.: emphasis on word "now"; hesitation, use of "uh"; statement in a highly colloquial form, e.g. use of "gee;" use of words "very often," which offers encouragement by excusing her in advance if she can't think of an answer.

Clt.: long pause; speaks in low voice.

The expansion which follows is the first of a statement by the therapist.

Expansion: Th.: <IV. you've told me that the incident couldn't have been avoided. Now as you look back on it, I want you to think again about whether it could have been avoided, since very often, it's easier the next day, when you aren't under pressure, to think of alternative things you could have done.>

Clt.: I can't think of anything.

The interaction statement adds a new proposition concerning the therapist's role, it is {Teach-th} the therapist teaches ways to handle troublesome life situations.

Interaction statement: the therapist as {Lead-th} leader in the session reinstates her question as to whether there were any alternative ways Wendy could have handled the situation. She thereby {Teach-th} encourages her to think of alternate ways of handling the incident, thereby challenging her assertion that it was unavoidable, and by implication the claims that she has implicitly made in her last statement, {Understand-W} that she understands Nicholas, {Interpret-W} that she is competent to interpret his acts to others, and possibly, also her claim that {Difficult-N} Nicholas is an unusually difficult child.

Wendy rejects the challenge, but with much uncertainty.

The therapist ends this line of questioning by asking Wendy to restate her position on why the confrontation couldn't have been avoided. She says:

Th.: no o.k.-...yeah o.k. ...a:nd the reason you

think it could've couldn'tve been avoided-
why do you think it- there's no way that it
it could've been avoided

Since Wendy has already said why the incident couldn't have been avoided, the therapist's request for clarification constitutes another challenge. She starts off by saying, "no, o.k.," meaning, "I accept your answer," but goes on to say give me your answer again, which is, in effect, not accepting it, or accepting only with reservations.

Paralinguistic cues: paired expressions containing "o.k.," "no o.k.-, yeah o.k."; elongation of word "and"; emphasizing what is to come; emphasis on words "think" and "couldn't"; corrects self and rephrases question. Use of, "no way" exaggerates Wendy's position.

Among the paralinguistic cues are devices which work to mitigate the challenge implicit in the therapist's statement, as in her repeating of "o.k." which suggests acceptance of what Wendy has said. However, the therapist also uses aggravation, the opposite of mitigation. Examples of this are the elongation of the word "and" which calls attention to the importance of what follows, her emphasis of the word "think," which implies that Wendy's claim that the incident was unavoidable will not be taken as the final word, and the use of "no way it could have been avoided" which puts Wendy's position into its strongest form, perhaps even overstating the case, and in effect challenging accept the statement that way or to take it back. However, toward the end of her statement, she softens her voice, which makes the challenge a mild

one, and she does not follow it up again in this segment.

Expansion: Th.: <IV. for the present, I accept your answer that the incident between you and Nicholas couldn't have been avoided. Tell me again the reason that you think that there's no way that it could have been avoided.>

Interaction statement: Therapist repeats her question about whether the incident between Wendy and Nicholas could have been avoided, requesting clarification, but also, thereby, challenging Wendy's reason for believing that it was unavoidable. She also stops short of redefining {Define-th} the situation, but by not accepting Wendy's first answer, implies that she might.

Wendy's initial answer was is based on her interpretation that the question was about Nicholas rather than about anything she might have done. Her final response restates her beliefs about how Nicholas inevitably acts. She says:

.25 Clt.: b'cause he- he-, he has 'is, mi:nd set that he wanted it

Th.: o.k.

Clt.: an I- I wasn' able to get it I knew I couldn'
°(of afforded it)

Paralinguistic cues: repetition of word "he"; repetition of "I"; voice trails off.

Expansion: Clt.: <EV. (C.) In answer to your question as to why I couldn't I couldn't have avoided the incident, the reason is that Nicholas had his mind set that he wanted the video game, and {Scene} when he doesn't get what he wants, he makes a scene. I couldn't have avoided the scene because I couldn't get it for him since I couldn't afford it.>

Interaction statement: Wendy offers an answer to the therapist's question, and rejects her implied challenge by restating her assertion that {Scene} when Nicholas doesn't get what he wants, he makes a scene, and that therefore, a scene was inevitable since she was unable to get him what he wanted. She thereby restates her claim that {Understand-W} she understands Nicholas, and that {Difficult-N} Nicholas is an unusually difficult child.

The therapist then closes the discussion of whether the incident could have been avoided by accepting Wendy's reasoning about why it could not have been. She says:

.30 Th.: o.k. ..he has his mind set on it..o.k.
(Baby begins to vocalize here. Therapist responds with a barely audible sigh.)

By probing and mildly challenging Wendy on her assertion that the incident could not have been avoided, The therapist is seeding the idea that there was another way to handle the situation. She is laying the groundwork for the new way of looking at problems which she wants to teach. Her subtle response to the baby is repeated and amplified later on in this segment, and becomes a theme in later sessions.

The Final Two Subsegments

Subsegment f deals with a new issue, what Wendy liked and did not like about her handling of the incident. The first mention of the possibility of her getting angry and out of control, an issue which, thus far, has been skirted, occurs in this discussion. The therapist's next question introduces the topic:

f.01 Th.: ..(2)..once you were in the situation what did you like about the way y'handled it

Wendy has a good deal of difficulty answering this question, and her answer contains two substantial pauses. She says:

Clf.: ..(3)..the only thing I- I could say 'at I..not even liked..was that..I..(3)..I
.05 didn' get, rowdy or angry..I-...I guess I was

tired an I didn'..wanna get into it..y'know
with the yelling or anything

Paralinguistic cues: indication of much uncertainty, long pause before beginning; repeats word "I" in two separate places; several short pauses; use of, "I guess;" begins answer then long pause before continuing.

The expansion contains three new propositions: the general proposition, {Rowdy}, Wendy tends to become rowdy or angry, and two local ones, {5} Wendy did not become rowdy or angry, and {6} the reason Wendy did not become rowdy or angry was that she was tired.

Expansion: Clt.: <EV. (C.) (it's very hard for me to answer this question). I didn't really like anything about the way I handled the situation, but the only thing that I could say was at all positive {Know} since I know what proper behavior for a parent is, was that I didn't get rowdy or angry {5} as I do in situations like this {Rowdy}. The reason that I didn't get angry or rowdy was that I was tired {6} and didn't want to get involved with yelling at Nicholas or any of the other things I do.>

Wendy's answer contains the first allusion to the possibility that she might lose her temper and hit Nicholas. She says that, if she not been tired, she might have gotten get rowdy or angry--euphemistically she uses the words "or anything" to substitute for hitting. In raising this issue, she has also made the first statement here of a claim, which will, in a somewhat different form, become a theme which runs through the therapy, that she acted differently than she usually does toward Nicholas. Later on in this session, (see chapter IV) she will report that, since her first meeting with the therapist last week, she has been more relaxed, and less apt to become

angry with him. This theme, that being angry and rowdy is a problem for her, but despite Nicholas's provocation, she managed to avoid losing her temper, is repeated in subsequent sessions as well. However, in its initial appearance, Wendy's reason for her ability to avoid provocation is different, tiredness, rather than a new outlook.

Wendy's self-presentation in this statement contrasts with that of the first subsegment only a few minutes before. Then she presented herself as a reasonable person who was unable to cope with her son's extreme behavior. Now she presents herself as a mother who is normally not helpless to cope with her son's extreme behavior. Rather, she does so by using extreme behavior of her own, although she is not pleased that she does so. Although this appears to be an admission of something she is ashamed of, her use of the term rowdy and the reason that she gives, that she was tired, hints that she might also be claiming that she isn't as helpless as she first presented herself, and in fact, she might be someone to reckon with. By this point in the session, she is evidently feeling less guarded than at the beginning.

Given the way she describes herself in the first segment, and again in segment F (see Chapter IV), there is some question as to how rowdy she actually becomes, and how often. It is possible, however, that she does hit Nicholas out of sheer frustration when she feels at a complete impasse, and no third person is available to take

over.

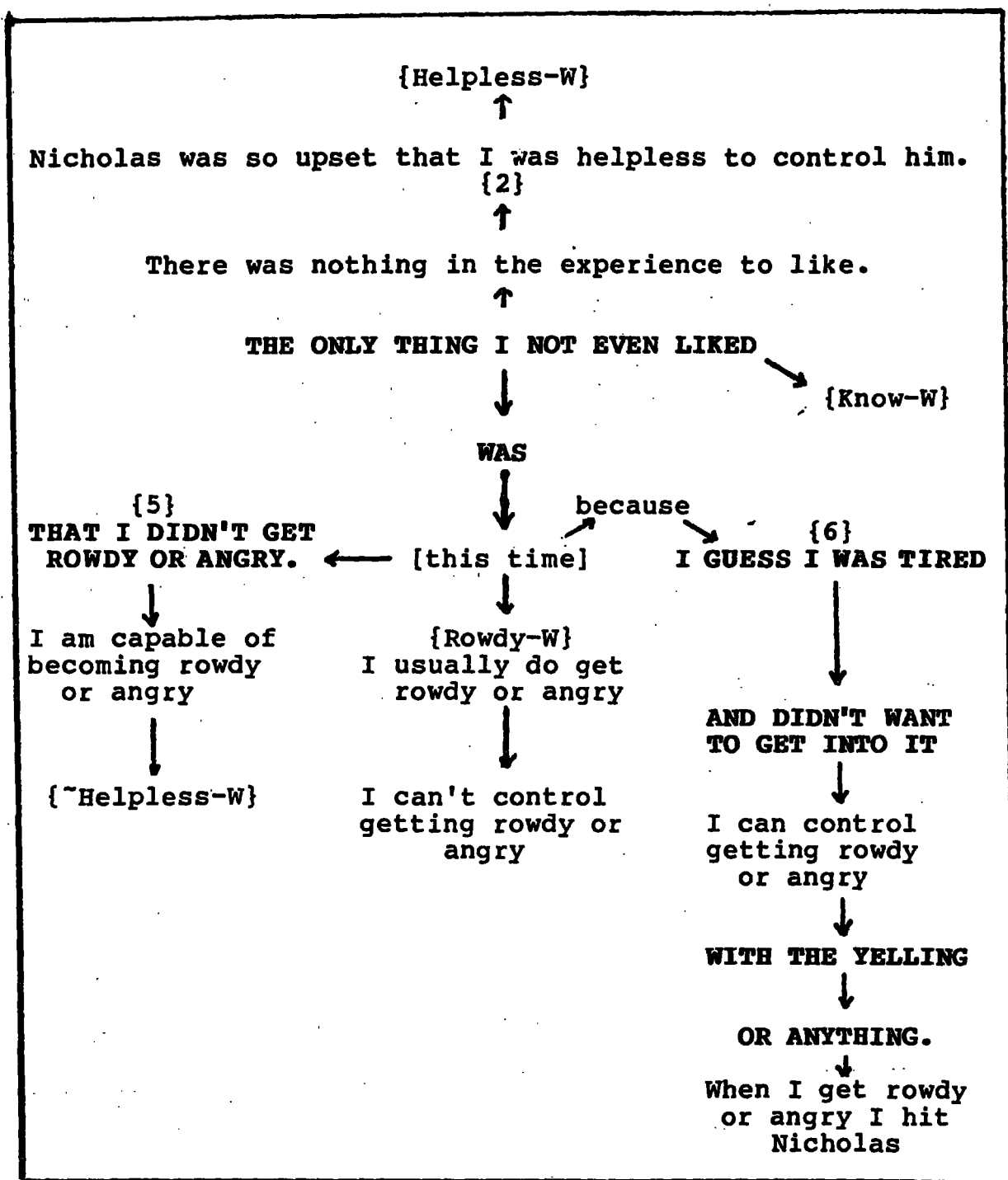
Interaction statement: Wendy answers the therapist's question concerning what she liked about the way she handled the incident, and states that the only redeeming feature of the experience since {Know} she knows what proper behavior for a parent is, was {4} that she didn't get rowdy or angry. She thereby admits that {Rowdy} she normally would tend to become rowdy or angry. She thereby corrects her earlier self-presentation as a mother who is always helpless to deal with her child, and presents herself as 1) someone who is capable of becoming rowdy and angry and 2) as someone who does not like doing so. By saying that the fact that she did not get rowdy or angry was the only redeeming feature of the experience, she thereby claims that getting rowdy or angry is not under her control. By saying that she did not get rowdy or angry because {5} she was tired and "didn't want to get into it," she thereby claims that getting rowdy or angry is under her control.

The diagram of Wendy's statement, which appears on the next page, shows the connection between what is spoken and what is implied.

The next three turns form a transition. The therapist restates what Wendy has just said, but in abbreviated form. Wendy begins to answer, but is interrupted, as the therapist goes on to the next question, which begins the second sub-subsegment. The exchange is as follows:

Th.: o.k. ..y'didn't yell at him
 Clt.: no//I
 .10 Th.: o.k. ..what did you not like about the
 way y'handled it

Wendy's answer is highly emotional. Before she begins to speak, there is a five second pause, the longest of the segment. As she talks about what was negative for her in the incident, she almost reaches the point of crying. However, as she comes to the last few words, she



The text of Wendy's statement is boldface, while what is implied appears in regular type.

composes herself. She says:

Clt.: ..(5)..That I couldn't-..I couldn' get him
t' come across the street with me I- I had
to..((almost sobbing)) look for somebody
else to //try t'do it

Th.: °(o.k.)

Her inability to control her son on that occasion, and her need to find somebody else to do it, was enormously frustrating and painful for her.

The therapist's response contains an odd note. She begins to rephrase what Wendy had just said, as she had done on several occasions in this session. As she talks, she also writes, recording Wendy's answer on the questionnaire form she has in front of her. The baby then makes a very brief vocalization, and she breaks off from what she has been saying to comment, "Oh, what a beautiful sound," after which ^{she} goes back to what she had been saying. She says:

Th.: ..(2.5)..that I couldn' get him to cross with
me..I ha:d..to wait..till..((responding to
 baby)) oh what a beautiful sound..till someone
 .20 else could so it..o.k.,...

In the playback session, she commented on her turning her attention to the baby at that moment, juxtaposing the distress Wendy was feeling with the mother/baby interaction she observed.

...my "o.k."s are also- The last two were also very, I don't know exactly the word to use, but they're softer than the others and I'm responding to the stuff that Wendy is giving....It's emotional with her. There is some emotion there, and also this was a very beautiful baby that she had with her, round, and pleasant, and healthy, and it was so nice the way the two of them were that you couldn't ignore it. It was the presence of the baby there...that mother/child thing; it was a privilege. I felt like it was a privilege to be close to that, to be in the same room, and I really enjoyed that part of having Wendy as a client, cause I knew she would bring this baby.

She goes on to explain that the fact that the baby

was well cared for and happy convinced her that she was dealing with a woman who was basically a competent mother, although, at the time, experiencing trouble. Later on in the therapy, beginning in the third session (see Chapter VII) the therapist will introduce as a theme that Wendy has done a good job caring for the baby, and is therefore, in reality, a good mother.

Nevertheless, her response to the distress Wendy is feeling at ^{the} time is expressed mainly in her tone of voice. She does not dwell on the emotion, but moves rather quickly away from it, first to the baby, and then to the next matter of business. The subsegment ends in mid-utterance, and without pausing, the therapist goes on to the next topic, which begins the next, and final, subsegment, g. She asks:

g.01 ...if you were in that situation or something similar to it..how would y'handle it next time

In this subsegment, which is comparatively long, 40 lines, running a minute and a half, the discussion turns to Wendy's ideas on the proper way to take control. In this short discussion, she reveals her confusion over how much force is enough and how much is excessive. She says:

Cl.: ..(4.5)..firs' I- I'd-..I would..try t'talk t'hi:m reason with him
 Th.: mmhm
 .05 Cl.: °(y'know)..about..the street- the dangers of the street an that he has t'cross with me it's-
 Th.: °(yeah)
 Cl.: it's- it's compulsory that he has t'come with me
 .10

Th.: o.k.

As she begins, Wendy is very hesitant, but as she goes on, the hesitancy drops away, and, as her statements become stronger so does her manner of speaking which, throughout, matches her words. Her first turn begins with a long pause, 4.5 seconds. She makes three attempts before she can say that she would try to talk to him, reason with him. The next turn (line 6) is more forceful, she will reason with him about the street. She then expands her statement to say that she'll reason with him about the dangers of the street. She ends by saying that he has to cross with her. In her next turn, (line 9) she is still more forceful, and she says that she'll tell him that it's compulsory that he come with her. Interestingly, she does not mention her real purpose for wanting him to come with her, to get him away from the store. Instead, she seems caught up with the issue of forcefulness.

The therapist's "o.k." forms a transition between talking and acting. Wendy begins to describe what she would do if, as is apparently normal with Nicholas, talking doesn't work. She goes on:

Cl.: and u:m..if..that didn' work I- I would
 prob'ly i- s- y'know hit 'im..to..//or- or
 pull him
 .15 Th.: mmhm
 Cl.: across the street or
 Th.: mmhm
 Cl.: something like that

In talking about what she would do if she could do it over, she has moved from reasoning to ordering, then to

hitting, and then to pulling Nicholas across the street. She ends with "or something like that," suggesting that she hasn't yet hit on the answer she wants.

The therapist restates and writes down what she has just said, which prompts her to reconsider. The exchange is as follows:

Th.: and then..hit..him..or pull him across the
 .20 street
 Clt.: a- what I mean- I would hold 'is hand ()
 Th.: O.k. ..cross//the
 Clt.: I wouldn' dra(h)g him//y'kn-

Wendy laughs as she says drag, dismissing the possibility that she would do exactly what she said she would a moment before.

The therapist accepts her new version and changes what she has been writing. On the questionnaire sheet, the word "pull" is scratched out and "take" written in. Then, with Wendy's participation, the therapist works to put the new statement into words. The exchange is as follows:

Th.: w- o.k.- oh..o.k. ..or..uh take him
 .25 Clt.: yea:h
 Th.: across the//street
 Clt.: °(that's ()
 Th.: by my hand..o.k.

The next issue Wendy considers is how much force would actually be entailed. She is saying that she would like to have acted with more force, but appears confused about how much is acceptable. She tries to strike a balance, but before she can articulate it, the therapist reclaims the floor to help her. Wendy says:

Cl.: it might be- it might be a little forceable
 .30 bec- it probably will be by force y'know but
 I would have to

The therapist reminds Wendy of something she had said before, that she had been too tired to be forceful. She says:

Th.: yeah but what you're saying this time you were too tired..t'do that

By interrupting Wendy in this way to bring up her having been tired as the reason she was not forceful, the therapist implicitly accepts that she would actually do what she says she would like to do. She thereby identifies Wendy as someone capable of being forceful. However, in her desire to help her, or to help her save face, she loses track of what she had been asking and comments instead on what Wendy had said happened, rather than what she would like to have happen, as they had been discussing heretofore.

In implying that Wendy is capable of acting forcefully, the therapist does something which Haley (1976) terms reframing, she turns a negative, getting rowdy or angry, into a positive, acting forcefully. In Haley's use of the term, a therapist applies a client's, usually negative, statement about an event or situation to a new, more positive context, as in this instance, although here reframing may not have been the therapist's conscious intention.

In her reframing of rowdiness into forcefulness, the therapist establishes a proposition, which can be built on

later, that Wendy is capable of being forceful with Nicholas.

Paralinguistic cues: interrupts preceding utterance.

The expansion introduces the proposition {Forceful-W} Wendy is able to act forcefully with Nicholas.

Expansion: Th.: <IV. Stop. Don't say any more. You have already said that {Forceful-W} you would have acted forcefully, as you normally do, but this time you were too tired to do so.>

Interaction statement: The therapist by interrupting Wendy, and reminding her that she had said that she had not been forceful because she was tired, thereby {Define-th} defines the situation as abnormal because of Wendy's being tired, and {Force} accepts her as a person who is able to act forcefully.

Although Wendy states her agreement with the therapist, she appears confused. The therapist, however, accepts her agreement, again interrupting her as she does so. The exchange is as follows:

Clt.: yeah..I was like- a- I guess--was like out
.35 of it like..I
Th.: ..o:k:..

Wendy's next statement also seems confused and she begins to go back over old ground. The therapist again cuts her off and brings her back to the issue of tiredness as the reason for her inability to handle Nicholas:

Clt.: cause I- I tried t'explain that I- I didn'
wanna go in b'cause I know he'd want me t'get
it °(an I)-
.40 Th.: °(o.k.) so you're saying that you were too
tired t'be forceable

In insisting on the issue of Wendy's having been too tired to be forceful, the therapist reinforces the proposition that she is, in fact, able to be forceful with

Nicholas. This time Wendy is able to follow her, and shows that she agrees. Accepting Wendy's agreement, the therapist can now move on to the next area she wants to discuss, and segment A ends with the following exchange:

Clt.: there, that's prob'ly what it was
Th.: o.k. ..o.k....[end of segment A]

In Chapter IV I looked at the major themes which run through the first session. In this chapter I have tried to take a closer look at how these themes initiate, develop, and change in the therapeutic conversation between the two participants. In a very few statements in the pretest and the first few minutes of this session, Wendy has presented many of the issues which are of basic concern to her. Likewise, the therapist has begun to challenge some of the ideas Wendy has about herself, and about Nicholas, and had begun to suggest new ways of thinking about these issues.

Analysis of this segment shows that change has already begun to take place. Wendy initially presented herself as helpless to control Nicholas when he becomes sufficiently upset. Later on, however, she began revising that self-presentation, and suggested that she might also get rowdy and angry. Later on, still, she talks about the ways in which she would be forceful if the incident should repeat itself. The therapist, having accepted her initial statement of helplessness, now picks up on the issue of forcefulness. She helps her

shape a statement of how she would be forceful with Nicholas, and then accepts her as someone who actually is capable of being forceful with him.

In the succeeding chapters, I will look at how the propositions advanced in this segment undergo the process of reshaping, and lead, in the end to a different constellation of propositions, which is the substance of the change that is the purpose of the therapy.

CHAPTER VI

SESSION 2

Although certain features remain constant for the six sessions, each has a somewhat different character. The character of the session depends on a great many different factors, some of which can be identified easily, and some are quite elusive, and I take it as given that all of the separate elements which go to make up the character of an interaction cannot be known. However, in these sessions, there are certain features which play an obvious role in influencing the character of each session and contribute to its distinctiveness.

For example, the six sessions were emotional to different degrees. The first session had some moments of high emotionality; this session seems to lack them, and the third session, as will be seen in the chapter which follows, was highly emotional. Also, as the two participants interacted with each other they were able to establish certain shared understandings and expectations. Garfinkel (1967) has demonstrated the richness and complexity of such shared understandings. Some of these may be difficult to specify and pinpoint, but others will be part of the propositional content of the dialogue. Finally, in each session, two standard elements, the use of the questionnaire and the cognitive behavioral technique, play somewhat different and independent roles, in one session

quite prominent, and in another, barely present.

The changing character of each session is part of the developing therapy process. In this chapter, I will look at some of the features of the second session which gave it its distinctive character. I will also continue to follow the development of the themes and propositional material begun in the preceding chapters.

In this session a major theme is the cognitive behavioral technique which the therapist teaches to Wendy. While the technique was introduced the previous week, and plays a role in every session, and while in terms of the research project the overall aim of the therapy was that Wendy learn the technique, and incorporate it in her life, the second is the session which the therapist devotes most fully to teaching it. In fact, the technique features more prominently in this session than in any other.

The prominence of the technique in the session means that it will be conducted in a certain way. In Cognitive-Behavioral therapy, in contrast to those approaches where an open ended exploration leading to insight is encouraged, an explicit process of teaching is often a major feature of the interaction. Michenbaum and Cameron (1980) observe that:

"...a common process which occurs across procedures is that therapy consists of training the client to think and behave like a scientist....When they come to us they [clients] usually have an undifferentiated interpretation of their problems. We challenge them to generate a series of alternative hypotheses; and in some cases suggest such. We evolve with them a form-

ulation of their problem in a way which attributes the difficulty to self-defeating ways of thinking and behaving....In other words, therapy may be seen as a process in which the client is prompted to generate alternative hypotheses and evaluate them by conducting experiential experiments (pp. 30-31).

The technique which plays so prominent a role in this session, is one designed to help the client systematically identify and find solutions to problems in living. Its particular focus for this project was on management of anger, especially anger toward the client's own children. The technique is organized as a series of seven steps, as follows: 1.) learn to become aware of the emotional signals which indicate anger or upsetness. 2.) define the problem. 3.) brainstorm a variety of solutions and list them without prejudging. 4.) evaluate those solutions, deciding on the benefits and drawbacks of each. 5.) choose a solution to implement, and make a plan to implement it. 6.) carry out the plan, and 7.) evaluate the success of the attempted solution, and if necessary, chose an alternative plan to implement. At the end of this chapter, there is a description of the technique as the therapist presented it to Wendy in the first session.

Structurally, this session differs from the first one. For much of ^{the} first session such issues as the choice of topic, topic change, and the way in which the topic is addressed are dictated by the questionnaire. The prominence of the open ended questions give much of the first session the character of a structured interview. In this session, however, the questionnaire does not feature in

the recorded dialogue at all. The questionnaire portion was abbreviated--on the actual questionnaire sheet, only the first five answers are filled in--and it was finished before the recording began. Like the others, the second session was scheduled to last approximately three quarters of an hour, although in actuality, it lasted somewhat longer. Exactly how long is not certain.*

The second session is less tightly structured, and more like ordinary conversation, yet, paradoxically, it's internal organization is more complex than the first. In contrast to the first session, where the questionnaire did much of the work of structuring the discourse, the session is divided both segmentally, like the first, and also by a series of alternations between discussion of the problem solving technique and of events in Wendy's life outside of therapy.

Jefferson (1972) has identified a phenomenon in conversation which she calls the side sequence. In an ongoing conversation or other speech event, such as a game, one participant will introduce a digression, usually related to, or commenting on, what went before. These

*At the time the recording was begun, the session was already in progress, although obviously still at the beginning. The recorded portion of the session lasts about forty minutes. About seven minutes before the actual end, when the therapist announces that time is up, forty five minutes have presumably elapsed. Therefore, when the tape was turned off, the session had been in progress for about fifty two minutes. This is most likely the actual length of the session, or very close to it.

digressions, or side sequences, can be either very brief or fairly lengthy, and are completed when one party brings the conversation back to its former course, which she terms the main sequence. The recorded portion of this session contains a number of alternations, fourteen in all, between discussion of the technique and of events in Wendy's life--those not used as illustrations for the technique--which constitute a series of main and side sequences. Jefferson points out that there is often one participant who takes, or is invested with, the responsibility of bringing the conversation back on course. Here it is usually the therapist who does so.

Along with these side and main sequence alternations, there are also the same kinds of shifts in topic which were present in the first session, and constituted demarcation points for the individual segments. In the first session, because of the prominence of the questionnaire, which imposes a division by topic, the division into segments was easy to determine. This session, because it is not so tightly structured, does not divide as neatly as the first. Nevertheless, I have identified ten distinct changes in topic which delineate segments. These segments are larger divisions than the main and side sequence alternations, and the alternations only sometimes correspond to divisions between segments.

Major Themes

I will look in depth at the final segment which contains and sums up many of the major themes developed through the session. Wendy had begun the session by presenting one incident in which Nicholas was troublesome, but not to an extreme. The discussion in the final segment revolves around a second incident which Wendy related about halfway through the session. She introduces this incident by saying that yesterday she had had a very big problem with him. She explains that she and Nicholas, along with her sister, Elizabeth, and her daughter, Cathy were at her mother's house, and were planning to go to MacDonald's. Nicholas was involved in an argument, apparently with Cathy, although from the way Wendy describes it, it isn't exactly clear that that's who the argument was with. She describes what happened as follows:*

Clt.: and um, they were arguing so much in between
 450. that period, an then, my sister, took over,
 where she started, y'know, arguing back with
 him
 Th.: o.k.

Wendy's sister was rough in the way she spoke to Nicholas, but Wendy felt that she couldn't say anything to her because she herself wouldn't have been able to get Nicholas to listen and stop arguing. She explained that:

Clt.: I felt- I felt bad, because y'know, she was,

*In this session, except for the final segment, which is the one I will analyze in depth, I will number the lines from the beginning of the session.

460. moreorless- he made it, so bad for himself that she was treating him, like an adult, she was arguing back with him like an adult,...

He began crying; Wendy told him that they wouldn't be going to MacDonald's again, and Cathy started laughing at him. He turned to her and said, as Wendy remembered it, "'you stupid dummy, why are you laughing at me?'" She then quotes Elizabeth as saying "'well she's free she could laugh at you if she wants..y'know, well, that shouldn' be anything really.'" In response to the therapist's question as to what particularly about the incident was upsetting to her, Wendy replied that:

480. Clt.: o.k..not only that, th' way she talked back t'him, th' way she treated him was like, y'know oh we all know you're a bad boy, an um, so, it doesn't matter what I say t'you, b'cause,

Th.: you c'n be treated any old way
485. Clt.: yeah, I got that impression

In response to the therapist's asking how she felt, she answered that she felt hurt, but didn't say anything. Later in the session she explains that, "...she's not the type of person I could um talk to....It probably would turn into an argument, an I don't want that." At a somewhat later point, the therapist characterizes Elizabeth, With Wendy's agreement, as "hard to get along with even for grownups." Interestingly, Wendy's passivity in the face of a possible argument with Elizabeth parallels her passivity when faced with a tantrum from Nicholas (see Chapter V). Her inability to act when faced with demonstrations of anger appears to be general.

The Final Segment

The segment which I will now look at in depth takes up the last seven minutes of the session. They had been discussing the situation between Wendy and Elizabeth, and the therapist called attention to the elapsed time intending at that point to bring the session to a close. The first subsegment concerns the fact that they are about to end. The text is as follows:

a.01 Th.: yeah, I'm just looking at our time an I see that it- it's just about over

Cl.: yeah

However, before actually ending, she begins to sum up. The therapist says:

.05 Th.: I guess, what, we still have- as we'll we still have many sec- a few more sessions t' go t'get this technique down an I don' wanna rush it, b'cause I'd like you t'grab each part of it, an really learn it..an maybe this week, what y'c'n just think about is this
.10 step, that signal, o.k., an practice,...

She goes on to make a general statement about the state of Wendy's life, tying it into the idea of practicing the technique. This invites Wendy's next utterance, which is not audible on the tape, but which leads into a digression from the therapist's review of the technique, and therefore postpones the end of the session. Within this final segment, this is the first of a series of main sequence/side sequence alternations such as have occurred throughout the preceding part of the session, as the therapist has attempted to keep the discussion focused

prisingly strong, reinforcing the illocutionary weight of her last statement:

.05 Clt.: ()
Th.: allright, let's not, pretend,...

However, she begins to mitigate her statement as soon as she has made it:

... maybe it'll
be less, maybe it'll be over, I dunno, maybe
you'll have a good week

Wendy's answer, which is short, and offers no further challenge to the therapist, leads to a lengthy statement by the latter continuing the mitigating work of the last turn. She then, by returning to the technique, ends the side sequence.

.10 Clt.: I hope I will
Th.: y'may, y'may, uh or better than others, but
in any case, when y'get upset like that, c'n
you practice saying t'y'rself- what would
y'say, what would be your way of, putting it,
.15 I don't wanna, make up words for y'

Comparing Wendy's answer on line 16 with the therapist's description of the technique at the end of this chapter, it is unclear how much she absorbed of what was presented. Much of the exchange is inaudible, although the therapist appears to be attempting to draw Wendy out to answer the question more fully. The exchange is as follows:

Clt.: ..prob'ly say, I have a prob?lem
Th.: c'n you ss-
Clt.: like you said ()
Th.: yeah ()

Following her response to the therapist's statement --unfortunately inaudible--on line 19, Wendy returns to

the incident with her sister, beginning another side sequence. The resumption of this discussion also begins the third subsegment. Within this subsegment, however, there are a number of sub-subsegments, seven in all, which deal with various aspects of the incident and of Wendy's relationship with her sister. In the first of these, running from lines 1-14, Wendy reintroduces the incident. She says:

c.01 Clt.: yeah, a- mean, a- well, well it's with the incident in my mother's house yesterday th' way she, s- back t' him n everything

Th.: mmhm

.05 Clt.: like, I got the impression she was, looking she was saying- looking f'me to, answer her back b'cause, if- if I had spoken to her little girl like that she would've, stopped me somehow

The therapist momentarily puts aside her agenda, and encourages Wendy to continue exploring her relationship with her sister:

.10 Th.: what would she have said

Clt.: she would get- oh she- don't talk to my daughter like that she's just a, child why are y'talking t'her like that, n that's th' way I felt y'know he was just a boy

Several times in the playback sessions, the therapist emphasized that she saw part of her role as advocating for the children with whose parents she was working, in this case, for Nicholas. In the next sub-subsegment, which runs from line 15 to 28, and concerns Nicholas's feelings, she builds on what Wendy has just said regarding the inappropriateness of talking to children the way her sister did. Wendy has already demonstrated a capacity for

empathy, and now she asks her to look at the incident from Nicholas's position. Since the major focus of the therapy, and therefore, of this research is the parent/child relationship, I will subject this part of the dialogue to a fuller analysis. The therapist asks:

.15 Th.: I wonder what Nicholas was thinking, when all this wen' on

Paralinguistic cues: use of the expression "I wonder," and "all this" to stand for the incident Wendy described earlier, both forms of mitigation.

Expansion: Th.: <Iv. Tell me what you think Nicholas was thinking while Elizabeth was attacking him and you didn't defend him.>

The interaction statement introduces a new proposition, {Empathy} Wendy should understand Nicholas's point of view.

Interaction statement: The therapist {Teach-Th} assumes her role as teacher and instructs {Empathy} Wendy to view the situation from Nicholas's perspective. She thereby {Define-Th} defines Nicholas's feelings as important, and thereby begins to challenge Wendy's passivity in the face of an attack on him.

The therapist's question brings out Wendy's regrets, and she tries to present herself in a way that shows the situation as better than she first presented it. Her next speech is unusually long for her. The twists and turns in her answer are evidence of how she is struggling with her feelings about what occurred. She says:

.20 Clt.: he felt pretty bad but, it's hard t'figure out what was going on in 'is mind b'cause, after, she left I said t'him, I said Nicholas..didn't y'know, I felt bad f'her t'talk t'you like that didn't that, make y'feel bad er, didn't that-, I said it was more like she was

.25 insulting you, y'know didn' it- didn' it
y'know, didn' y'feel insulted somehow

Wendy's answer has three parts: a straightforward statement that she knew that Nicholas felt bad, a statement that takes away from the force of the first statement by asserting that Nicholas's feelings are unknowable, and a third part, a statement that she took his side, although after the incident rather than while it was happening. The third part, however, has two parts, which, as I will show, perform different speech acts. First there is a simple statement that she felt bad that Elizabeth spoke to Nicholas the way she did. Following this is a statement that she told him she felt he was being insulted. In the analysis which follows, I will look at the various parts of this statement separately. The text of the first is:

Clf.: he felt pretty bad...

Paralinguistic cues: straightforward statement.

Expansion: Clf.: <EV. In answer to your question about what Nicholas's was thinking, I am aware that he felt pretty bad.>

Interaction statement: Wendy offers a defense to the therapist's challenge. She asserts that Nicholas felt bad, thereby demonstrating that she knows that it is important for her as a mother to be aware of her child's feelings, and that she is aware. She thereby demonstrates that {Good mo-W} she is a good mother.

The next part of Wendy's statement partly contradicts the first. From a psychodynamic point of view, it might be seen as rationalization. The text of this part is as follows:

...but, it's hard t'figure out
what was going on in 'is mind b'cause,...

Paralinguistic cues: "but" negates, or partly negates, what came immediately before; "b'cause" refers to Nicholas's answer, which she evidently intends to give after reporting her own words, but does not give, possibly because she is interrupted.

Expansion: <EV (C.) Maybe it's not as bad as it sounds. It is hard to know what was going on in Nicholas's mind, and he may not have felt bad at all, because from the way he answered it didn't sound as if he felt bad.>

Interaction statement: Wendy continues her defense against the therapist's challenge. She states that it was hard to know what was going on in Nicholas's mind, implying that he may not have felt bad at all, and that therefore there was no need for her to have defended him against Elizabeth. She thereby claims {~~Good mo-W} that she is not a bad mother for not having defended Nicholas against Elizabeth's attack.

The third part of Wendy's statement divides analytically into two parts, the first is:

...after,
.20 she left I said t'him, I said Nicholas..didn't
y'know, I felt bad f'her t'talk t'you like
that...

Paralinguistic cues: repeats I said calling attention to the fact that what she said is important; emphasis on "Nicholas," calling his attention to the importance of what is to come, and on "I" emphasizing that her feelings are significant.

Expansion: <EV. (D.) After Elizabeth left, I said to Nicholas, "did you understand that while Elizabeth was talking to you that way, I felt bad that she spoke to you the way she did.>

The interaction statement invokes the new local proposition {7}, Wendy acted in solidarity with Nicholas.

Interaction statement: Wendy describes how she told Nicholas that she felt bad that Elizabeth spoke to him the way she did. She thereby asserts that {7} she expressed solidarity with Nicholas, and therefore is {Good mo-W} a good mother who takes her child's side when he is attacked. She thereby continues her defense against the therapist's challenge.

In the next part Wendy talks about how she told Nicholas she felt Elizabeth was insulting him. She says:

.25 ...didn't that, make y'feel bad er, didn't that-, I said it was more like she was insulting you, y'know didn' it- didn' it y'know, didn' y'feel insulted somehow

Paralinguistic cues: emphasis on "I;" falling/rising tone (2) on "insulting" giving both emphasis and a sing-song cadence to the phrase, as though talking to a child.

Expansion: <EV. (D)> I felt she was insulting you, didn't you feel insulted?">

The interaction statement shows how the last part of Wendy's utterance does several things, some of them directed toward the therapist and others toward Nicholas. It also introduces a new general proposition, {Good W/Bad E} Wendy is good and Elizabeth is bad.

Interaction statement: Wendy states that she said to Nicholas that she felt that Elizabeth was insulting him and asked if he felt insulted. She thereby again {6} expresses solidarity with him, but also instructs him how to regard Elizabeth's conduct. She thereby contrasts herself with Elizabeth as someone who is on his side while Elizabeth is not, thereby asking for his support against her. She also demonstrates that {Know} she is a mother who knows what proper behavior towards a child is. She thereby continues her defense against the therapist's challenge, by presenting herself as {Good mo-W} a good mother who takes her child's side when he is attacked. She also {Good W/Bad E} contrasts herself with Elizabeth who persecutes her child while she defends him, thereby asking the therapist's support against Elizabeth.

The therapist does not accept Wendy's defense. She pushes forward in advocating for Nicholas, and replies very strongly to her last utterance. In her reply she does two things. One of these is to put her challenge in the form of a question which is also a rebuke. Labov and

Fanshel (1977) have formulated a series of discourse rules, one of which is the "rule for challenging propositions" which states that, "If A asserts a proposition that is supported by A's status, and B questions the proposition, then B is heard^{as} challenging the competence of A in that status."^(p.97) However, to avoid directly confronting Wendy on an issue about which she feels insecure and defensive, the therapist puts her own thoughts into a simulated quote from Nicholas, thereby somewhat softening the force of her confrontation. She says:

Th.: y'know what I would've said if I were Nicholas, I'm sure 'e didn' say it because he's little but maybe in one- some way, why didn't you ^o(say something to her Mommy)

Paralinguistic cues: use of colloquial diction; uses expressions, "maybe," and "in some way;" puts own thoughts into simulated quote, lowers and softens voice on last few words, all mitigating devices.

However mitigated, the therapist is putting forward a new proposition {Stick up-W}, Wendy should stick up for Nicholas when an adult treats him unfairly.

Expansion: Th.: <EV. (C.) This is what I would have said if I was Nicholas--I'm sure he didn't say it because he is too young to have told you that you should have spoken up to Elizabeth, but maybe in some way he did tell you, "you should have said something to her, Mommy.">

Interaction statement: The therapist offers her opinion of what Wendy should have done. She thereby rejects Wendy's answer, thereby challenging her competence in taking Nicholas's side against Elizabeth's attack. She also thereby {Teach-th} instructs her that {Stick up-W} that she should stick up for Nicholas.

Wendy's answer repeats what she had said earlier in the session about starting an argument. This refocuses

the discussion from Nicholas back to Wendy's relationship with her sister, which begins the third sub-subsegment, running from lines 30 to 40. The text is as follows:

- .30 Clt.: ..I knew that, it prob'ly-, if I had said something-, b'cause I- I think she was waiting for me t'say something//t'start an argument
 Th.: yeah
 b'cause
 .35 Th.: yeah
 Clt.: //it happened

The therapist continues, though, with her line of exploration, and Wendy repeats her reason for not being more aggressive with Elizabeth. The exchange is as follows:

- Th.: does it have t'be an argument though t'say something
 Clt.: well with her- she would take it th' wrong way, it's like..
 .40

The therapist, again does not accept Wendy's reasoning, and continues to push her on confronting Elizabeth. In contrast to Wendy's concern with her sister's argumentativeness, and her desire to avoid an argument, the therapist's focus is on Nicholas's need to have his mother defend him. This change in focus begins the fourth sub-subsegment, lines 41 to 48, which begins as follows:

- Th.: maybe y'need t'ballance that out against Nicholas's need t'hear his mother, d'fend him..sometimes th'price y'pay f'r something is worth it...

Paralinguistic cues: use of words, "maybe" and "sometimes," falling-rising tone (2) on "defend him" raising the pitch and therefore softening the utterance, and use of colloquial diction all indicate mitigation.

The expansion contains another new proposition,
 {Priority} It is more important for Wendy to defend

Nicholas than to avoid an argument with her sister.

Expansion: Th.: <IV. {Priority} It is necessary to balance your desire to avoid an argument with your sister against Nicholas's need to hear his mother defend him, which is more important. I understand that getting into an argument is distasteful to you, but doing this would be a price to pay for something worthwhile.>

Interaction statement: The therapist challenges Wendy's desire to avoid an argument with her sister, and asserts that {Priority} her defending Nicholas is more important. She thereby continues her challenge to Wendy's passivity.

Up to this point, the therapist has been single minded in her attempt to convince Wendy of the need to confront her sister. However, now she changes direction. After a short pause, she begins to consider what Elizabeth is like for Wendy. This shift in focus marks the fifth sub-subsegment, which runs from line 44 to line 47. She continues:

.45 ..it sounds t'me what y'saying is
my sister is a real trouble maker, and that
regardless, she's always having fights
with people, it's one argument after
another,...

Then she balances this picture of how difficult Elizabeth is with a description of how Nicholas is getting a negative self image, which begins the sixth sub-subsegment, which runs from line 48 to 66. The therapist continues:

.50 ...then on the other hand y'saying I have a
young boy, who's beginning t'get a negative
a- image of himself..h's father's been in jail
Clt.: yes
Th.: he has a lot, t'live with right there, people
are blaming him for things...

gives us the new proposition, {Connection} there is a connection between the way people have been treating Nicholas and the way he has been acting. This becomes an important theme later on.

Expansion: Th.: <IV. and Nicholas is responding to the way people are treating him by being increasingly difficult. The reason for this is {Connection} that things which are happening to him, such as people speaking unfairly to him, reinforce his negative self image.>

Interaction statement: The therapist continues in her role {Teach-th} as teacher and {Connection} makes a connection between the way people are treating Nicholas and the way he has been acting. She thereby continues her challenge to Wendy's passivity.

The therapist then introduces the notion that it is Wendy's responsibility as a mother to bolster Nicholas's self esteem. This creates the new proposition {Even up-W}. She continues:

...I'm wondering if it's, important t', even up- even up his, ssense of himself,...

Paralinguistic cues: use of the term "I'm wondering," a form of mitigation; emphasis on word "sense."

Expansion: Th.: <IV. Since people have been behaving negatively toward Nicholas, and he is developing a negative self image because of it, it is {Even up-W} important for you to even up his sense of himself.>

Interaction statement: The therapist {Teach-th} instructs Wendy that she has a responsibility to {Even up-W} help Nicholas even up his sense of himself. She thereby continues her challenge to Wendy's passivity.

At this point, she goes on to instruct her in how to balance criticism with support. She continues:

...not- not
t'cover up what he's doing that's//wro:ng
.60 Clt.: no
Clt.: no
Th.: but say, yes you shouldn't have spoken to Aunt

um,
 Clt.: Elizabeth
 .65 Th.: Elizabeth like that, but a- but no you're not
 a bad boy

Paralinguistic cues: hesitates, repeats "not"; false start on "but no"; emphasis on word "wrong"; clt overlaps word "wrong" with "no," repeats "no."

The term "bad boy," which the therapist uses, was first used by Wendy in characterizing her sister's attitude toward Nicholas (see above, line 482). Later on, however, objecting^{to} her family's treatment of him, she had said, "he's uncontrollable, but he's not a bad boy." The therapist now uses Wendy's idea to negate Elizabeth's presumed proposition, {Bad boy-N} Nicholas is a bad boy, and restates Wendy's earlier proposition {~Bad boy-N}, Nicholas is not a bad boy.

Expansion: Th.: <IV. I'm not telling you to cover up what he does that's wrong.>
 Clt.: no, I don't want to do that.
 Th.: <IV. but say to him, "you shouldn't have spoken to Aunt Elizabeth the way you did, but you're not a bad boy.">

Interaction statement: The therapist {Teach-th} instructs Wendy to tell Nicholas what he has done wrong, but also to tell him that {~Bad boy-N} he is not a bad boy. She thereby, by challenging Elizabeth, challenges the sum of Wendy's negative characterizations of him. She also, by labeling Nicholas as not a bad boy, and by instructing her in how to talk to him, offers support to balance her challenge.

Wendy's reprise of the themes which have emerged in this subsegment make up the final sub-subsegment, running from line 66 to 80. However, the first statement of the next subsegment is also part of this reprise. She begins by claiming that she did do the right thing, although not

exactly the way the therapist described it. Wendy says:

Cl.: ..I-, I did s- I did say that to 'im but not
at that point, when I got home

Th.: yeah

Paralinguistic-cues: hesitant, repeats "I," and "I did say": emphasis on word "point."

This statement resembles the client, Rhoda's, initial statement in the therapy Labov and Fanshel (1977) analyzed. In both cases, the client is claiming to have done the right thing in the therapist's terms, and in both cases, what the client claims to have done is different from what the therapist has suggested. The local proposition invoked here is similar to the one stated for Rhoda, in this case {8}, Wendy did the right thing, as opposed to "I think I did the right thing"--Rhoda carried out the basic suggestion {S} correctly" (1977, p. 121).

Expansion: Cl.:<EV. (D.) {7} I did say to Nicholas what you are saying that I should have said, only I didn't say it just at the time you say that I should have said it. I said it when I got home.>

Interaction statement: Wendy claims {8} that she actually did do the correct thing. She thereby offers a defense against the therapist's challenge.

Wendy's next statement echoes what the therapist had said regarding unfairness to Nicholas, even to using the therapist's words. Her emphasis, however, is on her sister's unfairness, rather than, as the therapist had urged, her own need to do something. She says:

.70 Cl.: cause I was s-, I- then I looked at it, I said
it's-//so unfair y'know

Th.: ()

Th.: yeah

Cl.: 's got this negative attitude//about you
 .75 Th.: yeah
 Th.: yeah

Wendy continues, but is momentarily interrupted by the therapist^{who} responds to the word unfair, and underscores her agreement. Wendy's "yeah" is a response to the therapist. The exchange is as follows:

Cl.: I said to him, I said Nicholas
 Th.: y'know it's like another (makes click type sound)
 .80 Cl.: yeah,...

Wendy's next statement begins subsegment d which concerns how to manage Nicholas. However, the opening of this statement invokes an idea introduced in subsegment, c, again by the therapist, that Nicholas is not a bad boy. Her rather long speech divides into three parts. The first is her assessment that Nicholas is not a bad boy; the second concerns her difficulties in getting through to him, and the third describes a bargain she attempted to strike with him.

In the first part, which forms a transition between the two subsegments, Wendy continues with her thought, and describes how she spoke to Nicholas. The words she reports herself as using are those with which the therapist has just characterized Nicholas, "not a bad boy." It is possible that, although she had used these words earlier in the session, this is an interpolation rather than a verbatim report of her own words, meant, on one hand, to reassure the therapist that she said the correct thing. On the other hand, however, the therapist has endorsed an idea of hers, and Wendy now gives that

idea priority in her thinking about Nicholas. In a sense, as she uses the therapist's words, she also is beginning to try on some of the therapist's ideas to describe and think about her own reality. She says:

d.01 Clt.: ... I said-, I said, Nicholas you're not a, bad boy,...

Paralinguistic cues: Initial use of "yeah"; repetition of "I said"; emphasis on words "boy," uses therapist's term "bad boy".

Expansion: Clt.: <EV. (D.) After my sister treated Nicholas as though he were a bad boy, I made sure to speak to him to counteract her treatment of him. I said, {~Bad boy-N} Nicholas, you're not a bad boy.>

Interaction statement: Wendy asserts that she told Nicholas that he is not a bad boy, therefore asserting that she did do what the therapist said she should, {Even up-W} attempt to bolster Nicholas's self esteem. She also uses the therapist's words, thereby taking on the therapist's way of thinking about the situation.

Her description to him of the problem repeats what she has said in the first session about his not listening. The text is as follows:

.05 ...said, your biggest problem right now is that, you jus', don' wanna listen, y'know when I talk t'you like, I try t' talk t'you, it's like you, there's a barrier there somehow, I can't reach you,...

Paralinguistic cues: Use of word "just" for emphasis; use of words, "try," "barrier," and "I can't reach you," suggest great effort which has been frustrated.

This statement contains a proposition introduced in the first session {Try-W} Wendy tries to do the right thing with Nicholas. Here it takes the form of not simply trying to talk to him calmly when he is upset,

but also, as she is saying here, to get

through a barrier he has put up.

Expansion: Clt.: <EV. (D.) I said to Nicholas your biggest problem right now is that {~Listen} you don't want to listen to what I tell you. {Try-W} I try to talk to you but there's a barrier there, and I can't reach you.>

The interaction statement introduces another new proposition, {Blameless-W} Wendy can't be blamed for Nicholas's behavior.

Interaction statement: Wendy asserts {Try-W}, that she tries to do the right thing, to talk to Nicholas and get through to him. She thereby claims that by virtue of doing the right thing she is {Good mo-W} a good mother. She also claims that the problem is that {~Listen-N}, Nicholas doesn't listen, and that therefore, {Blameless-W} she can't be blamed for his troublesome behavior

Next, she describes the bargain she offered him. this same bargain also comes up in later sessions. The text is as follows:

...an if you would, y'--, y'know
w'wouldn' have all these problems//I wouldn'
Th.: yeah
have t' yell at you or even hit y' sometimes
.10 or

Paralinguistic cues: Emphasis on words "would," and "hit;" use of sometimes to minimize the fact that she hits Nicholas.

Expansion: Clt.: <EV. (D.) I told him {Bargain} that we wouldn't be having all the problems we're having now, and I wouldn't have to yell at him or even hit him if he would listen to me.>

Interaction statement: Wendy asserts that she tried to solve the problem with Nicholas by {Bargain}, offering him a bargain. She thereby claims {Try-W} that she tries to do the right thing, and that therefore {Good mo-W} she is a good mother.

The therapist's's reply to the last part of Wendy's statement concerning her expectations of Nicholas is quite strong. She says:

Th.: yeah, so it's almost like y'r saying t'him,
 you- you turn around an be a good boy now an
 everything will be fine an, I think that's a
 little unrealistic

Paralinguistic cues: emphasis on word "unrealistic";
 use of words "almost," "a little," and "I think," to
 express mitigation.

Expansion: Th.: <IV. You're saying to Nicholas, who's
 only seven years old, that he should just become a good
 boy and everything will be fine. It isn't realistic to
 expect that he can do that.>

Interaction statement: The {Define-th} therapist
 defines {Bargain} Wendy's bargain as unrealistic,
 thereby challenging Wendy's idea of how solve the
 problems with Nicholas.

Wendy appears taken aback. Her attempt to explain
 herself is hesitant and confused. She says:

.15 Clt.: ..yes in a way, but at that point I
 y'know..like I-, I guess I

The therapist interrupts and redirects her back to
 the technique. As the therapist begins to speak, Wendy
 tries to continue her defense, overlapping the therapist's
 utterance, but the therapist goes on and she stops. The
 exchange is as follows:

Th.: I'mean//d'you think just going by th'
 technique d'you think that will work with
 Nicholas, jus' saying t'him..
 .20 Clt.: (I thought that)
 Clt.: no
 Th.: I don't think so either
 Clt.: no

At this point, the therapist returns to reviewing
 the technique, which ends the side sequence and begins
 subsegment e. She speaks at length, actually giving a
 small lecture instructing Wendy on how she should react in
 a difficult situation. She says:

e.01 Th.: I think maybe what we need t'do is, from now
 on, any time you're upset, acknowledge it to
 y'rself, say t'y'rself it means I have a
 .05 problem, define what kind of a problem it is,
 it's a problem of my, being treated unfairly,
 my child being un- being treated unfairly f'r
example, the restaurant situation, and then,
 beginning t'click away with what c'n I do
 about that p'ticular pr- an don't go into
 .10 other parts of it, stay with what you have
 d'fined it, if you have defined it, if you
 have d'fined as a problem of being unfair
 t'Nicholas, only deal with that..only deal
 with that, 'n other words, if I'm sitting at
 .15 a table with people my child is there an
 he's being treated unfairly, that's- I said
that's what's bugging me about th' situation,
 nothing else, that's th' main thing that's
bugging me, although there's lots of other
 .20 things involved

Wendy's mind is evidently still on the fact that the therapist told her that she did the wrong thing. She returns to what she should do:

Clt.: y'think I should speak up?

Since what the therapist is teaching is a way of thinking about problems, rather than specific instructions about how to handle specific problems, she doesn't answer that question directly. Rather, she answers:

Th.: well, y'know, I- I think you should consider that, as a possible solution,...

Since Wendy would probably not be able to stand up to her sister, the therapist, realizing this, backtracks somewhat on what she said a few moments ago about defending Nicholas. She continues:

...I'm not saying
 .25 blurt out with it if y'not prepared t'do it an
 do it correctly an well
 Clt.: mmhm

Then, resuming her lecture, she returns to the technique, and starts out describing how it would work in deciding whether to speak up to Elizabeth. She attempts to balance the options, but despite what she has just said about Wendy's needing to be prepared, appears to get sidetracked and leans heavily on the side of speaking up to Elizabeth. She says:

Th.: but I think maybe what y' need t'do is,
 consider-, 'member what we said
 .30 th'brainstorming, consider all th'things an
 make y'little, chart, what's possi- what would
 that get me that's good, weigh it off against
 th'negative, f'r example, if y'did speak up
 t'her at th' table, it might be negative that
 .35 it led to an argument, but it also might be
positive that Nicholas sees his mother go to
 bat for him, he sees Mommy say, very
 dramatically, not jus' say but act, on- on it,
 I am a good boy, I am worth it, I'm worth,
 sticking up for, y'know if i-

The final subsegment, f, contains another side sequence in which the discussion returns to Nicholas's feelings. The beginnings of both coincide as Wendy responds to what the therapist has been saying. She responds, however, not to her presentation of the technique but to the argument for speaking up to Elizabeth. She blames herself for not having already done so, and replies:

f.01 Clt.: maybe it's my fault, b'cause it's like he's-,
 he's seeing it that-, I'm agreeing with these
 people that he's no good

The therapist appears to agree with her wholeheartedly. The statement is somewhat mitigated in that she refers to ^{the} apparently neutral reality of "the way Nicholas sees it." However, her reference to the technique is now

in support of speaking out:

- .05 Th.: he has t'draw some conclusion, he's very
little..he has t'draw- he's an intelligent
 child, he has t'walk away from that having
 made some conclusion about who he is....now I
 don't know, an I w- I don't- y'know, I wouldn'
 .10 wanna speculate, but//i- but if b- going by
 th'technique if what you're saying is, what
 I'm feeling is that it's unfair, that you're
 feeling it, he must be feeling it
 Clt.: ()
 .15 Clt.: yeah

She returns in this last long statement to the technique as a way of finding answers. Her presentation of the technique here, though, appears only as a framework for the solution she offers. She ends, however, by backing off from endorsing speaking up to Elizabeth. Instead, she offers Wendy an opportunity to practice confronting her sister in a safe environment. She says:

- Th.: so there's y'first clue, it's a case of
unfairness, therefore th'solution has t'have
something t'do with correcting the unfairness,
now let me put that into my hopper my
 .20 computer an' see what comes out, how does
one deal with th'question of unfairness to
one's child, not saying y'have t'do it, y'not
 used t', arguing with y' sister an getting
 into it, you're a quiet kind of person, but
 .25 maybe we c'n practice if you're in th'room,
 maybe we c'n go through these solutions
 together, where it's safe t'do it, practice,
o.k., maybe f'next week

Wendy expresses agreement, although weakly, and the therapist ends with a move to solicit more enthusiasm.

the exchange is as follows:

- Clt.: o.k.
 .30 Th.: huh,
 Clt.: (laugh)
 Th.: I think that's worth, yeah
 Clt.: yeah

[Tape turned off at this point]

What Happened in This Segment

Analysis of the pretest and first session focused on Wendy's view of her situation, and yielded a great many propositional statements from Wendy's point of view concerning Nicholas. This segment, on the other hand, provides some counter-propositions from the therapist. While earlier in the segment, Wendy focused, as in the first session, on how difficult Nicholas is, and on Elizabeth's attack on him as a fact of life, beyond her ability to influence, the therapist's focus in this segment was on Wendy's responsibilities toward Nicholas.

In this segment also, the therapist was quite confrontive. She frequently rejected what Wendy said, and, in essence, told her that her way of doing things is no good. However, the generally mitigated form in which she couches statements of this sort functions to keep the interaction within conversational bounds, and also to maintain a sense of rapport, and a working relationship.

It would seem, at first, that the therapist is making Wendy's position more difficult, since not only is Nicholas impossible, but Wendy also has responsibilities toward him that she may not have been aware of before, and can now feel guilty for not living up to them.

However, the situation is not quite as bad it might seem. Wendy says that Nicholas is impossible, or words to that effect, but she also expresses affection toward him,

as in the second segment of the first session (see Chapter IV). In this final segment of the second session, she does not dwell on Nicholas as a source of trouble to her, but is able to accept the therapist's urging to take his side. Although earlier in the session, she had complained about Nicholas, as she had in the first session, even there, the complaints were balanced somewhat by an understanding of his needs. She reports having told him that he is "not a bad boy," and that his biggest problem is not wanting to listen. In saying that Nicholas is not a bad boy, Wendy appears to be moving away from the position she took in the first session, but elements of this position are expressed here too. For example, when she says that Nicholas doesn't listen, she is also saying that is the problem between them, and that if he would listen then the problem would be solved.

The way Wendy describes Nicholas in this session, sometimes positively, sometimes less so, might be another version of the "sometimes he's good, sometimes he's bad" position she has taken in the first session. In both the pretest session and session one, she made a number of positive as well as negative statements about him. However, since other people are giving Nicholas negative labels, how to characterize his behavior, and Nicholas, himself, "bad," "unreasonable," "not bad, but doesn't want to listen," etc., is as much a conflict for Wendy as coping with the behavior, and this conflict is also cen-

tral in the dialogue between herself and the therapist. Wanting to see Nicholas in a positive light, Wendy is engaged in a struggle, using the therapist's ideas, to construct a positive description of him, which is also usable in the sense that it takes account of his misbehavior, and allows her to say something about why it happens and what to do about it.

The therapist's propositions offer this possibility, and therefore are welcome to her. In the segment I have examined, she makes use of ^{the} therapist's help, to make an important switch in her thinking, from viewing Nicholas's behavior as the problem, to viewing the problem as other peoples' treatment of him.

A review of the progression of topics in this segment will illustrate how change occurred. Subsegment a serves as a transition into the segment; in it the therapist notices the time and begins to sum up. However, in her summing up she mentions the state of upset in Wendy's life which leads, in the very brief subsegment b, into a discussion of whether the upset is a permanent and expectable condition. This then leads to the discussion of the incident in subsegment c.

In part one of the subsegment, Wendy returns to the incident and complains of Elizabeth's treatment of Nicholas, but in the second part, by asking what Nicholas might have been thinking, the therapist implies that Wendy has a responsibility which was not met. Wendy immediately

grasps the implication, and responds by expressing solidarity with Nicholas, but the therapist then directly places the responsibility for defending him onto her. In the third part, Wendy argues that to speak up for Nicholas would have started an argument. But, in the fourth part, the therapist counters, urging that Wendy balance her dislike of arguments against her responsibility to defend her son. Finally, in the fifth part, Wendy attempts to answer the therapist and show that she has, at least partly, met her responsibility by describing how she did take Nicholas's side when they got home.

In subsegment d, Wendy presents her formulation of the problem. She says that she told Nicholas that he isn't a bad boy, he just doesn't want to listen. However, the therapist dismisses this as unrealistic, and returns to the technique.

In subsegment e, she reviews the technique using Wendy's incident for illustration, but despite her attempt at balance, comes out strongly on the side of speaking up for Nicholas. Wendy asks if this means that she should speak up, and the therapist, realizing that this is probably more than she is capable of at that time, backtracks somewhat. In the final subsegment, She returns to the technique, but again makes a strong argument for speaking up for Nicholas. She ends by recognizing that this isn't something Wendy is used to doing, but suggests that she can help her to learn. By the end of the session, Wendy

has moved from being a critical parent to putting herself firmly on Nicholas's side, and the therapist has strongly reinforced this move with her concentration on the need to defend him as well. Study of the later sessions will further reveal in what ways the dialogue facilitates change for Wendy, and what kind of change it is.

If there is ultimately a change in Wendy's thinking, the role of the technique in that change needs to be clarified as well. In the segment I have examined, Wendy appears to have absorbed only the first steps of the technique, and these only minimally. She also, whenever the therapist gives her the opportunity, leads the topic of discussion away from the technique to a more concrete discussion of her life situation. In a general way, the problem definition step of the technique has helped her to think about Nicholas, his behavior, and other peoples' treatment of him. However, if the technique is to play a significant role in the changes in Wendy's thinking about her life situation, this will have to emerge in later sessions.

CHAPTER VII

SESSION THREE

In this chapter I will pay more attention to the session as a whole than I have with the previous two, or will with those which follow. Unlike the first session, which breaks into a number of discrete segments, and the second which starts off with a discussion of one particular incident, and then in the middle changes direction, and takes up another topic and another theme, the themes which run through the third session, build on those introduced in the beginning. In this chapter, I will attempt to trace these themes as they develop through the session.

The third session marks a turning point in the therapy. Wendy begins with the same kind of complaints about Nicholas she had made since the pretest; the therapist challenges her and asks her to reexamine her thinking about him; she begins to down herself for the way he has been acting; the therapist offers support and endorses her as a good mother; and she ends by strongly taking the position she had come to at the end of the second session, that other people are being unfair to Nicholas, and it is up to her to be on his side. After this session, Wendy is never as consistently critical of Nicholas as she has been before, and the position she comes to at the end of this

session, is the one she maintains through the end of the therapy.

The third session is structured differently from the first or the second. In terms of content, in this session, the questionnaire and the cognitive behavioral technique both play significant roles, although not as major as either played in the earlier sessions. Interestingly, neither the technique nor the questionnaire plays the same kind of structuring role in this session as they had in the past. The session divides by topic into eleven segments, but in few cases does either a new question on the questionnaire or the introduction or return to a discussion of the technique coincide, as it did in the second session, with the beginning of a new segment.

In this chapter, I will examine a number of segments in varying depth, but will concentrate on a group of segments, H through K, which constitute approximately the final third of the session. These segments are closely connected, and deal with matters which are highly emotional, containing themes which are basic to Wendy's self-esteem and her performance as a parent. Each of these segments is really a continuation of the one immediately before it, and if the segments within a session were to be thought of as analogous to grammatical units, then the final three would constitute dependent clauses, each modifying the one before.

While I will reserve the most detailed look for the

final segments, I am concerned in this chapter with tracing the development of themes through the entire session. As with the first session, I will present a summary of the earlier segments, and in some cases, where it appears indicated, I will go beyond summarizing and do a more detailed analysis.

In selecting small portions of the dialogue for analysis, I am striking a less than wholly satisfactory compromise. A conversation does not move from portion to portion with what goes between somehow less important. Rather, it develops, and whatever happens, while, no doubt, multiply determined, as are all human phenomena, depends on the progression of events which has gone before. Therefore, to select out certain utterances, and certain exchanges from this progression, and to make them stand for much larger conversational sequences is, at best, misleading. On the other hand, in dealing with the overwhelming amount of material contained in one forty five minute therapy session, there is little alternative to a strategy of picking and choosing. Nevertheless, it is important to understand that the analysis of selected portions of a therapy dialogue which follows is an approximation, and not an attempt at a through and accurate representation of the entire interaction of the session.

Review of the Segments

The First Group of Segments

The initial segment is very short, and is devoted to some business matters. The second starts less than one minute into the recording when the therapist turns to the questionnaire and asks the initial question: was there a time during the past week when Wendy and Nicholas did not get along.

In a sequence reminiscent of the pretest session, Wendy begins by making a general complaint about Nicholas. She explains that she had just started back to work, which she is finding to be a strain, and repeats the complaint about his not listening which she has made in each of the prior sessions. I will begin the microanalysis here, because the propositions which are advanced at the beginning of the session constitute a theme on which the dialogue builds throughout the entire session. The text is as follows:

- Cl.: and um I-..like if you tell him once to do something or ask him to do//something
- .20 Th.: mmhm
Th.: mmhm
- Cl.: it's not enough even sometimes three times is not enough..
- Th.: mmhm mmhm
- .25 Cl.: I have to go after him o:r threaten him
- Th.: yeah o.k.
- Cl.: a:n that's been going on, every day

Paralinguistic cues: Short pause after I-; corrects self; emphasis on words "three," "after", and "threaten"; words "or" and "and" drawn out.

The expansion includes two from among the first group

of propositions introduced in the pretest session.

Expansion: Clt.: <EV. (C.) As I have said before, since {"Listen-N} Nicholas doesn't listen, in order to get him to do something it isn't enough to tell him or ask him only once. Even three times is sometimes not enough. I have to go after him or threaten him {N-Extreme}, (D.) and this has been going on every day.>

Interaction statement: Wendy complains about her difficulties with Nicholas, thereby claiming {Task} that she has an unusually difficult task as a mother, and thereby asking for the therapist's support.

The therapist now, as in the previous sessions, refocuses back to the question and asks for a specific incident. Although Wendy first goes back to the general complaint, and the therapist has to prompt her, she responds with a story which parallels the one she told at the beginning of the first session.

This story involves an incident which had occurred that morning. As she usually does, Wendy took Nicholas to day camp. They were outside in the yard and he began flipping over some sort of bar. A counselor came over and told him that they would send him home if he didn't stop. Wendy tried unsuccessfully to get him to stop. Then the counselor came and tried, but he talked back to her. She reports the counselor's answer, and concludes the story with the general complaint that Nicholas is giving the camp people a hard time. She says:

Clt.: an she said t'him oh don't start today Nicholas
.65 Nicholas it's too early so I got the
impression that he's been

Th.: o.k.

Clt.: he's been- uh they're probably still having a
hard time with him

Paralinguistic cues: repeats "he's been;" corrects self.

Expansion: Clt.: <EV. (D.) Nicholas talked backed to the counselor when she came over to get him to stop flipping over the bar, and when she said to him, "Oh don't start today Nicholas, it's too early,"> <(C.) I got the impression that they're probably still having a hard time with him..>

Interaction statement: Wendy reports her impression of the meaning of the counselor's statement. She thereby gives a demonstration that {TR-N} Nicholas is constantly getting in trouble, and that, therefore, {Difficult-N} he is an unusually difficult child. She thereby reinforces her previous point that {Task} she has an unusually difficult task as a mother, and thereby asks for the therapist's support.

Wendy's answer to the second question on the questionnaire, "how unreasonable would you say that Nicholas was being?" is "somewhat unreasonable," and she says that she is not "taking it as bad as I used to." It's a problem, but it isn't, and the therapist supplies the word catastrophe. The therapist then asks how angry Nicholas's behavior had made Wendy. Her answer was again "somewhat," and the therapist asks what she did.

Here, Wendy draws the distinction between "now" and "the past," which she first made during the initial therapy session. She says: "like in the past, I find I- I'd, keep up I pursue it until he do what I tell him to now I, more or less, let it go." She goes on, as in the first session, to ascribe this to her being "tired lately."

Wendy's ambivalence around having to deny Nicholas what he wants comes out in the next bit of discussion. She talks about how she hadn't wanted Nicholas to get hurt flipping on the bar. When the therapist asks if he really

could have gotten hurt, she says that the bar was too low to the ground, and he wouldn't really have hurt himself. It then comes out that she actually didn't see anything wrong with what Nicholas was doing. The only reason she told him to stop was that the counselor had said that they'd send him home.

In the next segment, C, Wendy presents a narrative which contrasts with her earlier one, and illustrates that sometimes what she does works. This narrative comprises the entire segment, which is quite short.

She relates that she told Nicholas to take his bath, but he said to her that he hadn't been to camp that day, he didn't play and therefore wasn't dirty and didn't have to take a bath. Wendy first tried to reason with him, and told him, " you have to Nicholas it's a hot day an you're not gonna sleep comfortable." However Nicholas was not persuaded. Wendy reports what followed: "so he sez I don' wanna take a bath so I didn' I- I left it an..a little while later he was gettin' ready t' get in the tub." She summed up the incident by saying that Nicholas is a "funny kid." The therapist asks her what conclusion she drew from the bath incident, which ^{leads} into the next segment.

In segment D's, discussion, Wendy's identification with Nicholas is evident. The segment has two subsegments. In the first she offers an explanation for why Nicholas behaves the way he does. She says that deep inside he is very sensitive, and adds that she is sensi-

tive and her husband is very sensitive and so, it follows that they have a child who's sensitive, too. She says:

Clit.: ..(4.5)..I think deep inside he's very sensitive, he doesn't show it he tries to show a tough exterior but I think he's se-
 .05 because I'm 'ik sensitive a:n, my husband is very sensitive so I, think we should producce, a child that way,...

Paralinguistic cues: pauses for 4.5 seconds before answering; repeats that he "doesn't show it;" uses "like" before sayin sensitive, as though uncertain of whether to say it; elongates final "s" sound of produce.

The expansion gives a set of new propositions. The first three are closely related. They are variants of {Sensitive-X}, X is sensitive: {Sensitive-N} Nicholas is sensitive; {Sensitive-W} Wendy is sensitive; and {Sensitive-H} Wendy's husband is sensitive. The fourth connects the other three. It is {Like Mo/Fa like son} like mother/father like son. The final proposition is {Tough ex-N} Nicholas tries to show a tough exterior.

Expansion: Clit.: <IV. I think that deep inside, {Sensitive-N} Nicholas is very sensitive. He doesn't show it; {Tough ex-N} he tries to show a tough exterior but I think he's sensitive, because {Sensitive-W} I'm sensitive, and {Sensitive-H} my husband is very sensitive, too, so {Like Mo/Fa like son} it follows that we should produce a child who's like us.>

Interaction statement: Wendy offers as an explanation for Nicholas's behavior that {Sensitive-N} he's sensitive, like {Sensitive-W} herself and {Sensitive-h} her husband, She thereby tries to explain his behavior to herself and to the therapist. She also attributes a good quality, sensitivity, to Nicholas and to her husband which links them to her by a similar good quality which she claims to possess. She thereby identifies a positive connection between Nicholas, her husband and herself to balance any negative assessment which might link Nicholas's

behavior {Difficult-N} and her husband's being in jail. She also thereby includes Nicholas and her husband among people who possess good qualities, and thereby counters any criticism to her for being married to a man who is in jail and a having son whom she can't control.

The next part of her answer complements the therapist's explanations from the last session, that people are treating Nicholas unfairly, and that he he is reacting negatively to that treatment. She says that although deep down he is sensitive, he doesn't show it, and, instead, puts on a tough exterior. He tries to show that he can take it. She continues:

... but he doesn't
show it.. somehow he show that he'ss..y'know
could take it somehow

.10 Th.: o:k.
Clt.: ..an, I think all this yelling I've been
doing in th'pa:st, an even hittin'im..(3)..
it, wasn' wo:rkng

Paralinguistic cues: elongates and stresses show; hesitates before saying, "he could take it;" uses somehow twice to express perplexity; uses "I think" to hedge statement slightly.

Expansion: Clt.: <IV. He doesn't show that he is sensitive, though, instead {Tough ex-N} he tries to show that he can take whatever comes, and therefore all the yelling and hitting I have been doing in the past wasn't working because he wasn't going to let it affect him.>

Interaction statement: Wendy continues her explanation for Nicholas's behavior. She asserts that the reason Nicholas does not appear to be sensitive, as she knows he is, is that {Tough ex-N} he doesn't show it, and therefore her yelling at him and hitting him wasn't making him behave because he was trying to show that he was able to take it. She thereby also gives an explanation for why she hasn't been able to control him.

The therapist's response returns to a theme she introduced in the pretest, that Wendy actually is able to

control Nicholas. In this instance, it takes the form of seeming to endorse the yelling and hitting, suggesting that they may in fact have had some effect. Wendy agrees, but emphasizes how extreme her treatment of him had been. She says:

- .15 Clt.: it did help a little bit because when I
got really, //um, rough, y'know an..I--very
Th.: yes
Clt.: angry an'//he'd see that, then he'd..do it
Th.: yeah
.20 Th.: ^o(yes)
Clt.: when I'd tell 'im to do..but

In Subsegment b the therapist tries to place Wendy's decision to stop yelling and hitting in terms of the technique, and asks why she had decided to stop using those "solutions." The answer comes that she was trying to stop, but hadn't completely. She says she yells at Nicholas, but not as much as she used to. The therapist, then asks why, when she had already chosen yelling and hitting as a solution for Nicholas's behavior, she gave up that solution. Wendy replies that she had thought about what she was doing. She explains:

- .20 Clt.: ^o(because, as you said ()) I thought
about y'know you get angry an you s- you
stop an y'think,
Th.: yeah
Clt.: I did that..y'know I stopped an I--I
thought- I said..I'm getting a:ll angry..and
.25 um..he's gettn' angry, and it's a sad way to-
to I think..to be at a child like that
co:nstantly
Th.: an' it doesn't work
Clt.: no
.30 Th.: o.k.

Segment D ends with a series of three of statements the

therapist makes to Wendy. She tells her that what she needs to do now is to try some other solutions and see if they work, that to keep working at it is part of raising kids, and that it's tough doing it when you're on your own.

In segment E the discussion returns to the two incidents Wendy related earlier. The therapist asks the next question from the questionnaire, whether there was a way Wendy could have avoided what happened. She asks first about the incident that morning. Wendy answers that she didn't think it could have been avoided, then the therapist asks about the bath incident. Wendy responds that there she did avoid a problem. She says that she told Nicholas that she was through yelling, and that "it shouldn't be this way between us." She repeats what she has said several times before that usually she feels that he isn't listening. This time also, she thought he wasn't listening, but he must have been, because a little later he did get ready for his bath.

Segment F

In segment F, the therapist returns to the morning's incident, and asks what Wendy liked about the way she handled it. As in the first session, Wendy answers that she liked the fact that she hadn't gotten angry, although this time she adds a new insight derived from the previous week's session, although she doesn't specifically credit that discussion. Her failure to credit the last week's

session may be a manifestation of the paradox of therapy, in that she is, in effect, denying that the original problem was the kind of problem for which she needed the therapist's help. In a sense she is saying that she is a competent adult who doesn't need help to manage her affairs. She answers:

- Cl.: ..(6)..that I- I- I didn't get angry with him, because, I found, in the pa:- lately, dat, especially when somebody..(2)..have to yell at him for something
- .10 Th.: (mmhm)
- Cl.: I feel bad about it and, I think by me feeling bad..I yell at him more than I'd want to because I think I- I take out, this feeling..that I have, on him

Paralinguistic cues: initial hesitation then speaks more fluently; long, six second, pause before answering; hesitation, repeats the word "I" three times; corrects self; two second pause after "somebody"; emphasis on "yell"; short pause after word "bad"; hesitation on word "I," repeats twice; elongates word "feeling," followed by short pause.

In this statement, Wendy invokes two new propositions, which will play a major role in this session. They are {Feel bad-W}, when someone yells at Nicholas in Wendy's presence, she feels bad, and {Yell more-W}, When Wendy feels bad because someone has yelled at Nicholas, she takes it out on him and yells at him more than she normally would.

Expansion: Cl.: <EV. (C.) In answer to your question about what I liked about the way I handled the situation this morning, I liked the fact that I didn't get angry with Nicholas. I think this is important because I've found lately (since we discussed it last week) that especially when somebody has to yell at him for something, {Yell more} I yell at him more than I want to, or would otherwise. I think I do this because {Feel bad} I take out the bad feelings I have from someone else yelling at him in my presence on him.>

The interaction statement yields the new proposi-

tions {Understand W-W}, Wendy understands her own behavior, and {Control-W}, Wendy can control her tendency to become overly angry.

Interaction statement: Wendy asserts that she liked the fact that she did not get angry at Nicholas, thereby demonstrating that {Understand W-W} she understands her own behavior, and {Control} is now able to control her tendency to become overly angry. By failing to credit the last week's discussion, she thereby claims that the problem which brought her to seek help is a problem which she can solve without help, and that therefore, the therapist's help was not needed to begin with.

The therapist asks her to elaborate, possibly reacting to her failure to mention the last week's session, and Wendy refers to the incident they had discussed then (see Chapter VI). She says that she didn't like the way her sister spoke to Nicholas, she felt hurt and wanted to yell at her, but didn't because it would start an argument, so she yelled at Nicholas instead, and took out what she felt toward her sister on him. The exchange is as follows:

- .15 Th.: ..could you explain that a little
 Clt.: yeah
 Th.: I'm not I wanna be sure I follow it
 Clt.: o.k. ..like for instance..when my sister s-
 th'way my sister had spoken to him
- .20 Th.: yeah yeah
 Clt.: I didn' li:ke it I didn' like the way she s-
 I felt hurt, an..maybe I wan'ed t'- I- I
prob'ly wan'ed t'yell at her y'know t'
 ..tell 'er y'know , why- why y'treating 'im like
- .25 that
 Th.: O (mmhm)
 Clt.: but I didn' want to
 Th.: O (mmhm)
 Clt.: I didn' do it because I know it- it would
- .30 probably start an argument
 Th.: O (mmhm)
 Clt.: so..(2.5)..I yelled at Nicholas instead
 ..(4.5)..yeah I-, like I took out what I

.35 probably would've, taken out on my sister o:n
him

The therapist attempts, as she had done earlier (see segment D, above), to take Wendy a step further and place her new understanding in terms of the technique. She paraphrases what Wendy has just said, but in the language of problem solving, identifying her inability to confront her sister as the problem for which she has found no solution. She says:

Th.: are you saying the:n that actually you have a
problem with telling your sister how you
feel, a:nd that because that is a problem you
have not been able t'solve that maybe,, that
.40 a:nger is getting taken out unjustly..on
Nicholas..in some ways I mean that I'm not
sayin' that Nicholas doesn't also, i:rritate you
an upset you I know that he does I know that
there are problems but..uh- what you're saying
.45 i:s

Wendy's response misses the therapist's emphasis on the technique, and backtracks from what she has already said. Although she has made the connection between her bad feelings when others correct Nicholas in her presence and her own treatment of him, it may be that she is not ready to hear this from the therapist. Instead, she returns the focus to Nicholas by adding a complaint about his not listening. She begins by referring back to the morning's incident, but before she gets into the substance of what she is saying, there is a long, 3.5 second pause, presumably for her to gather her thoughts. The exchange is as follows:

Clt.: not exactly
Th.: o.k.

- Clt.: like that
 Th.: yeah
 Clt.: it'ss, o.k. like thismorning when the
 .50 counselor- when she spoke to him
 Th.: yeah o.k.
 Clt.: like..(3.5)..I- usually- what I'd say to
 him because it's not the first time that
 .55 somebody, has to, y'know yell at him in a
 situation a- where I:'m there to
 there to
 Th.: yeah yeah o.k.
 Clt.: and he would'n listen to me, but..I would-,
 usually I'd say to him, Nicholas, y- y'know
 .60 ..see y'have t'make people, y'know..yell at you
 like that an, if you had only listened y'know
 when I told y't'stop it wouldn've, been like
 that
 Th.: °(mmhm)
 .65 Clt.: y'know
 Th.: °(mmhm)

Paralinguistic cues: false start; emphasis on "morning;" three and a half second pause; much self-interruption; includes parenthetical statement, "because it's not the first time...;" several short pauses.

In this statement, Wendy seems to be invoking the proposition {Third person} Nicholas won't listen to her, only to others. However, the emphasis is really on his not listening rather than on the fact that others can control him, and the proposition invoked in {~listen-N}.

Expansion: Clt.: <EV. (C.) It doesn't work exactly the way you said. This morning is an example. What I usually say to Nicholas when people speak to him the way the counselor did, since it has happened many times before that someone has had to yell at him in my presence because {~listen} he wouldn't listen to me, is, if you had only listened when I told you to stop, the counselor wouldn't have had to yell at you.

The Interaction statement contains the first explicit invocation of the proposition {Locus-N} The problem lies with Nicholas, and not with Wendy. Until this point, the question of whether the more significant problem might

be with Wendy rather than Nicholas had not come up, since Wendy had heretofore assumed that the problem they were discussing was Nicholas's actions rather than her feelings about them.

Interaction statement: Wendy rejects the therapist's restatement of her interpretation of incidents like the one she has related. She emphasizes as the significant factor, Nicholas's not listening, rather than her misplacing her anger. She thereby claims {Locus-N} that it is Nicholas, rather than herself, who is the locus of the problem.

However, Wendy concludes her statement by partly accepting what the therapist's has said, although without apparent enthusiasm. Although she says that she gets angry at Nicholas, she minimizes the anger by referring to it as "a little angry," She does not mention the other part of the therapist's statement, that when she feels bad that someone else has yelled at Nicholas, she takes it out on him. She merely says that she gets angry, and skirts the matter of yelling, altogether. She continues:

Cl.: ..(2.5)..an you'd-, the fact dat dey- somebody else had t'yell at him, because- because he's doin' wrong an because I feel bad too, that
.70 somebody else has to do it

Th.: °(o.k.)

Cl.: I would u:m..get a little angry at him

Paralinguistic cues: short pause before "an"; repeats word "because"; emphasis on word "wrong"; hesitation indicated by "um," followed by short pause; use of word "little" to minimize "angry."

Expansion: Cl.: <EV. (C.) I also {Feel bad} feel bad that somebody else has to yell at Nicholas because he's doing wrong. Another reason I feel bad is that, since {~Listen} he won't listen to me, it's somebody else who has to do the yelling. Because of this I get a little angry at him.

Interaction statement: Wendy partly accepts the therapist's interpretation of her actions. She agrees that when others yell at Nicholas in her presence, she gets angry, although she minimizes the anger. She, thereby, claims 1) that she accepts the therapist's formulation, and 2) that Nicholas's conduct makes her feel bad, rather than seriously angry, thereby claiming that she is a concerned, and therefore, {Good mo} a good mother.

The therapist now attempts to have Wendy focus on her anger, and to do this brings out the "anger scale," a diagram involving a thermometer to represent the degree of an individual's anger at a particular moment. This diagram was used in the project, and had been used in previous sessions. The introduction of the anger scale creates a transition to the next segment.

Segment G

This segment, deals with two issues, Wendy's reluctance to acknowledge anger, and her ambivalence around not letting Nicholas have or do what he wants.

Working on the assumption that Wendy was actually more angry than she has acknowledged, the therapist attempts to have her recognize the degree of her anger and look more closely at the precipitant. They review the morning's incident, and at various points, the therapist asks about her feelings. Although she asks a total of five times, at different points in the story, and in a number of ways, Wendy either doesn't acknowledge being more than "a little angry," or misunderstands the question altogether.

The discussion then turns to Wendy's feelings around

telling Nicholas to stop what he was doing. When he was flipping over the bar, she had told him twice to stop. In segment B, she had said that he doesn't see why he has to stop when he is doing something he wants to do. Here she gives a fuller, and more sympathetic, version. She says, "...then 'e said t'me, um, I-..but Mommy I'm- I w- I'm playin' y'know ..a- I came here t'play, I w- I jus' wanna play." Her tone of voice and uncertain choice of words conveys the confusion which this contradiction engenders. The confusion she reports belongs to Nicholas, but it is hers as well. She laughs as she adds, "then I- then I thought y'know it's true, he did come t'play." A few moments later, she explains that, while she didn't want him to continue since it wasn't allowed, she could see sense in what he said.

Segment H

At this point, Wendy begins to discuss her feelings about herself as a mother. At the end of the last segment, she told how she felt bad because she hadn't said good-bye to Nicholas when she left him that morning. Now she begins a long, emotional speech, which, along with the therapist's reply articulates some major themes, not only for this session, but for the therapy as a whole. Because of its importance, I will look in depth at this interchange. The text is as follows:

Clt.: I- I it's just that I feel, I- it always happens t'me even//at home..even something

Th.: he
 °(mmhm)
 did yesterday an' I might've- I might've
 thought that I yelled at him too hard, an' I
 w's too ha:rd on him,
 Th.: mmhm
 Clt.: or I didn' try to understand
 Th.: mmhm
 Clt.: anything//about it..a:nd I get like a guilty
 Th.: °(mmhm)
 ..complex b'cause I feel..I wasn't fair
 enough or I'm not
 Th.: mmhm
 Clt.: bein' a good enough mother or..
 Th.: °(o.k.)
 Clt.: not understandable enough

Paralinguistic cues: hesitant, repeats words "I," and "might've," corrects self; short pauses after "home," "it," and "feel"; emphasis on words "something," "did," "thought," "fair," and "mother"; elongates word hard; uses minimizing expression, "might've thought."

Here, Wendy invokes a proposition which has been the underlying reason for the therapy, although it had not explicitly been referred to until this point, {Guilty-W}, Wendy feels guilty when she yells at Nicholas. The expansion is as follows:

Expansion: Clt.: <EV. (C.) I feel it always happens to me {Guilty-W} that I get a guilty complex. It even happens at home, or even after something he did yesterday (which was really wrong and for which I yelled at him). The way it works is that I feel I yelled at him too hard, (although I don't think I did) and I was too hard on him, or I didn't try to understand anything about why he did what he did. Then I feel guilty because I feel I wasn't fair enough, or I'm not being a good enough mother or not understandable enough.

Interaction statement: Wendy expresses 1) a feeling of guilt around her yelling at Nicholas, 2) a question as to whether that guilt is justified. She thereby asks the therapist for reassurance.

The therapist's answer has three parts. She begins to explain something, but then breaks off and is reas-

suring instead. Then, she goes back to explaining. The text of the first two parts is as follows:

Th.: so maybe one thing that happens..with you is that..you are a good mother I mean that comes across very clearly nobody- nobody would ever, ever question that...

Paralinguistic cues: emphasis on words "maybe," and "you"; short pauses following "happens," and "that"; use of word "maybe" for mitigation; stumbles on words "nobody," and "ever," and repeats them.

In this statement, the therapist invokes a proposition which had been implicit in many of Wendy's statements about her relationship with Nicholas since the pre-test, {Good-mo}, Wendy is a good mother, but here the therapist is explicit rather than indirect, as Wendy was, in expressing it.

Expansion: Th.: <IV. Let me offer one explanation for why you have trouble being effective with Nicholas. Maybe one thing that happens with you is that--since {Good mo-W} you are a good mother, and that comes across very clearly, and nobody would be justified in questioning that, so that isn't the problem...>

Interaction statement: The therapist begins to offer an explanation for Wendy's lack of effectiveness, but breaks off and {Define-th} defines her actions as those of a good mother. She thereby offers reassurance that {Good mo-W} Wendy is a good mother, thereby responding to her most immediately expressed concern.

Having offered reassurance, the therapist returns to her explanation. After a short pause, she continues:

...b't maybe what's getting
in the way of y' coming..t'good solutions and
sticking with them, so they work..is that in
betwee:n..you have this doubt
Clt.: ..I do so//somehow
Th.: am I doing enough

Paralinguistic cues: use of "maybe" for mitigation; short pauses following words "coming," "work," and "solutions"; frequent stress on key words, "solutions," "sticking," "work," and "doubt"; elongates word "between" for emphasis.

Expansion: Th.: <IV. ...Now I'm continuing with my explanation of why you aren't more effective with Nicholas. What's getting in the way of your coming to good solutions and sticking with them so they work is that in between the time you decide on a solution, and the time it's necessary to stick with that solution, you have this doubt about whether you're doing enough for Nicholas.>

Interaction statement: {Teach-th} the therapist assumes her role as a teacher, and continues to offer an explanation, in terms of the technique, for why Wendy is not more effective with Nicholas. She thereby directs Wendy's attention to the technique as the means of solving her problems.

The word doubt at the end of the therapist's utterance provokes strong agreement, and, before the therapist is finished, Wendy comes in with "I do somehow." She goes on to talk more about her role as a mother, and her feelings about Nicholas's situation, his father's absence. She says:

Clt.: I do..plus, another thing I, think too like..I even tol' my mother like I-, I don' wanna be, too hard on him

Th.: °(mmhm)

Clt.: because, like his father's not around//an

Th.: °(mmhm)

Clt.: that's a big..a- void in 'is life...

Paralinguistic cues: Short pauses following "I do," "like," and "big"; emphasis on words "hard," "father," and "void."

This statement contains three key proposition which are linked together. The first is {Void}, Nicholas's father's absence creates a void in his life. This renders him vulnerable, and, therefore, the second is {Careful},

in order to be a good mother, Wendy has to be careful not to be too hard on him. However, because she often does not live up to the way she strongly feels she should act toward Nicholas, the third proposition is {Doubts}, Wendy has doubts about her performance as a mother.

Expansion: Clt.: <EV. (C.) {Doubts} I do have doubts (about my performance as a mother), and I also think that (another reason I feel guilty is)--and I even told this to my mother--that {Careful} I don't want to be too hard on Nicholas because {Void} his father isn't around and that leaves a big void in his life.>

Interaction statement: Wendy expresses concern that she should not be too hard on Nicholas because his father's absence has created a void in his life. She thereby acknowledges her doubts over her performance as a mother, since she has already described being too hard on him. She also demonstrates her concern for Nicholas's feelings, thereby demonstrating that {Good mo-W} she is actually a good mother.

In what she just articulated, Wendy linked the her doubts about her performance as a mother, her guilt over yelling at Nicholas, and his father's absence. What she has said contains a major part of her dilemma: she yells at him too much, and because of that, she doubts herself as a mother, because instead of yelling, she should be extra-nice to him to make up for his father's absence, which leaves a terrible void in his life. Next, she adds that she feels that disciplining him would add to the unfairness, and make it worse for him.

Clt.: ...an I don' wanna
make it....any worse f'r him, but- by..
restricting 'im too much or-..or um being too
hard on him somehow

Paralinguistic cues: long pause following "it";
emphasis on words, "worse," and "restricting."

Here Wendy finishes articulating her view of her responsibility toward Nicholas given his situation. This statement adds one more proposition, {Worse}, Wendy should not restrict Nicholas, or be too hard on him since that would make it worse for him.

Expansion: Clt.: <EV. (C.) and given that there is already this void in Nicholas's life, {Worse} I don't want to make it worse on him by restricting him too much or by being too hard on him.

Interaction statement: Wendy states her concern over making things worse for Nicholas, thereby showing that she is concerned about his feelings and, therefore, {Good-mo} a good mother.

The therapist doesn't immediately address what Wendy has said, but goes back to the questionnaire, and, in a move which allows Wendy to continue downing herself, asks what she had not liked about the way she handled things that morning. Wendy's answer reiterates what she had said in earlier sessions about reasoning with Nicholas.

Clt.: that I jusst got up an- an left
 Th.: °(o.k.)
 Clt.: without tryin' t'..let 'im see reason an mee
 feeling a little better about it
 Th.: o.k. without u:m..reasoning
 Clt.: ..makin 'im understand, that
 °(o.k.)

The therapist challenges this approach, but by doing so, supports Wendy's actions that morning. She says:

Th.: °(o.k.), does that usually work, sitting there
 nd reasoning with him and making °(him
 understand)

Wendy's answer graphically presents her dilemma.

Clt.: well I tried it a, few times, an..I get the
 impression that he's- he he doesn' wanna er see
reason y'know he wants it his way

The therapist then presses the point.

Th.:^o (yeah)..then I wonder why you would, feel bad that y' hadn't done it if y' saying that it doesn't work

In her answer, Wendy blames herself. she looks for a deficiency in the way she is applying her chosen approach, but can't find it.

Cl.: beca- I always- I always feel that, it's just something I cannot figure it that maybe I'm not doing..ss- iss-..iss a way that I'm not..u:m..handling things or....

The therapist's answer returns to the technique, thus beginning a new segment.

Segment I

Wendy has been quite hard on herself in her past few statements, and in response, the therapist now does two things. She begins a long speech, essentially a monologue lasting 8 minutes, relating the technique to Wendy's dilemma, and she puts herself strongly on Wendy's side as she reviews first that morning's incident, and then of the previous week.

She therefore offers both support and a way out, but at the same time, she breaks the flow of the dialogue and takes over the session at a point at which Wendy is beginning to recognize some painful feelings. At a point such as this, a more insight oriented therapist would allow her client to fully experience and explore her feelings. However, since the nature of this approach is both its limit to six sessions and its focus on the technique, the thera-

pist, in effect gives the message, "this is a time for thinking, not for feeling." Yet, in discussing the two incidents, she discusses Wendy's feelings, and does so in language which is itself emotional. In so doing, she temporarily takes over from Wendy the tasks of reporting and exploring feelings so that she can use Wendy's feelings, as she interprets them, to illustrate the technique.

She begins by reviewing the morning's events as Wendy has related them. She says, "..you got your anger signal..you pointed out to me on the- on the lil'chart how you began to ri:se." She reminds Wendy that, according to the technique, the emotion means that there's a problem, and the signal says stop, that either she can act out immediately or take time and start to think.

She continues, saying that the next step is to define the problem, to ask herself what about what Nicholas is doing is upsetting her. She reminds Wendy of last week's incident with her sister, and that, as Wendy had defined the problem, what upset her was the fact that his behavior caused her sister to chastise him unfairly, to humiliate him, and, perhaps, to humiliate her also, since she was present.

In a low voice, Wendy says yes, and the therapist continues. She says that it sounds as though it brought up feelings in Wendy, that she said she got angry with her sister. Today she did some more work on that and was able

to clarify that "I became angry with- with my sister because she was doing that in front of me an- I'm the mother, an it's unfair t'him an-..nd it really isn't always him an her child's an angel and mine's a devil an all that negative labeling is not doing him any good."

Again Wendy agrees, and the therapist goes on. She says that according to the definition of the problem they had arrived at, as Wendy, herself said, maybe she should have dealt with her sister instead of taking it out on Nicholas. She continues, saying that they had spoken about that possibility, but Wendy felt it wouldn't do any good, to which she agreed.

The therapist asks her to think about the morning's situation, going through the steps she had outlined. She continues, "..y'had that situation..it caused you t'become increa:singly..upset t'angry..o.k. the signal comes out I'm angry, stop n think o.k. ..what is this a problem of?" She says, can you do that now even if you weren't able to do it this morning, and she repeats the steps: "think back on that situation say to y'rself, what is it..about what Nicholas is doing here that is causing me, t'get upset, what'r a:ll the fee:lings that- that's bringing out in me?"

Wendy answers in a low voice, and She repeats what she has said a number of times before about Nicholas not listening. She says that she can understand his wanting to play, but if he's not allowed to do it, he should stop.

Even in a simple situation like that it's very hard for him to listen.

The therapist's response brings the problem back to Wendy, she says:

Th.: ..it sounds as though what you're saying is
 ..(3.5)..I don't have control over my child

Wendy's answer is, "ye:s I- I-, I get that feeling sometimes."

The therapist goes on, defining the problem as it plays itself out in the situations Wendy has described. She says:

Th.: and the:n from what you describe in those two situations with your sister an with the counselor this morning an the woman crossing the street three weeks ago, that what happens is when you don't have control over your child somebody else has t' step in, or does step in rightly or wro:ngly

Clt.: °(yeah)

Th.: and th't then on top of you're feeling a lack of control over Nicholas, you're also getting another feeling about other people moving in ..((baby vocalizing here))..any feelings about that
 ..°(I- yeah I do)

Before allowing Wendy to answer, the therapist brings her back to the situation, but does it in a challenging way, which emphasizes her responsibility for what happens. She says:

Th.: how d'y'feel about that th'fact that you're standing there- I mean these things are not happening when you're around the corner

This is a strong statement, and Wendy's answer is equally a strong indictment of herself. Here, she repeats what

she had said earlier (see segment H, above):

Cl.: ((Baby vocalizing here)) I feel- I feel hurt that, I'm not performing, enough as a mother ..((baby))..but, at the same time I..'t's likeI can't think of, um, ((baby vocalizing here)) another, t'solve that

Paralinguistic cues: stumbles on beginning of utterance, repeats "I feel"; emphasis on word "performing"; short pause followed by "it's like," followed by long pause before statement, "I can't think...;" uses therapist's word, "solve."

In this statement, Wendy invokes two propositions, one from the last week's session, and a new one. The new proposition is {Not enough}, I'm not performing enough as a mother. This is a variation on {Doubts}, introduced earlier in this session, but it is a much stronger statement of the sentiment. The proposition from the first session is {Try-W}, Wendy tries to do the right thing with Nicholas.

Expansion: Cl.: <IV. I acknowledge that {Not enough} I'm not performing enough as a mother, and I feel hurt about it, but at the same time, {Try} I've tried as best I can, and I can't think of another way to solve the problems I'm continually having with Nicholas.>

In making the admission she makes here, Wendy risks a substantial loss in self esteem unless the therapist comes to her defense. However, since, the therapist has offered support in the past, Wendy has every reason to expect her to give it now. She can do this in one of several ways, by contradicting her and saying that she is performing enough, by giving her credit for trying, and telling her that the job is too hard for anyone, or by offering some other form of support or sympathy. Therefore, Interactionally, this statement contains a bid for support.

There is another dimension to the interaction as well. Along with asking for support, in saying that she can't think of another way to solve her problems with Nicholas, Wendy also challenges the therapist to come up with a better way of doing things than she has. If she can't, Wendy's position is justified, since even the expert she goes to see for advice can't think of any way to handle Nicholas, therefore, she is doing as good a job as anyone could, and the problem really does lie with Nicholas.

Interaction statement: Wendy asks for support from the therapist. She also challenges the therapist to come up with better solution than she has, thereby attempting to justify her position vis-a-vis Nicholas

In her response, the therapist sidesteps both the bid for support and the challenge. She returns to the technique as the answer to the problem; her voice is encouraging, even cheerful as she says:

Th.: o.k. well we'll- we'll get t'that step y'see what I'm saying it's- there's a- there's a procedure and you're trying so hard t' get t'that answer..maybe y'need t'slow down a little bit an just take this a little bi:te at a time...

She then returns to the need to define the problem, and summarizes what she feels Wendy has said so far: when Nicholas doesn't listen to her, she gets a feeling that she has lost control over her child and that other people have to take over and intervene for her; and that some times she even wants other people to come along and do something, and waits for that to happen; but when that happens, that makes her feel even less in control; and

sometimes, as with her sister, when other people take over they're unfair to Nicholas, which makes her angry.

Wendy agrees, and the therapist goes on. Her choice of words is highly emotional, and she attempts to approximate Wendy's feelings and describe the situation from her standpoint. Although everything she says here has been said before, either by the herself or by Wendy, she stresses a series of points which are important for her next statement. She says, speaking as though she were Wendy, that a) Sometimes when other people take over, they make me feel like less of a mother. b) When they do, I'm humiliated and downgraded, and made to feel like less than what I know I am, a good mother. c) It isn't so much the situation that's getting to me. When Nicholas does things like twirl around, my feelings register at a fairly low point on the upsetness scale. d) The situation, itself, doesn't get me particularly upset because I understand Nicholas's desire to play, and I sympathize with him in some ways. e) But when he continues, and doesn't listen to me, I get upset. f) I get upset because I'm starting to feel out of control. g) If somebody else jumps in and takes over my mothering role, I begin to get more upset because it touches another nerve in me.

The therapist's next statement, is as follows:

Th.: so now we're moving away from Nicholas's being th'problem, what 'e's doing..an we're moving into a definition of th'problem a:s ..I'm-, I'm being hurt..something unfair is happening to me, I'm out of contro:l, I look

bad t'others..I'm not-, I'm not able t'act..
th'way I know I can..

Paralinguistic cues: emphasis on words, "now," "Nicholas," "moving," "definition," "something," "unfair," "act," and "can"; short pause following as; pauses momentarily following each phrase.

Expansion: Th.: <IV. So now that we've described the problem, we're moving away from defining Nicholas as the problem and we're redefining the problem as, that I'm being hurt, because something unfair is happening to me, and in reaction to that unfairness, I'm out of control, and I look bad to others, and I'm not able to act in the way I know I can.>

This is the therapist's definition of the problem: something unfair happens, Wendy feels hurt and loses emotional control. However, in this statement of the problem, one of many in the session, there is still a quality of approximateness. Unfairness, for example, remains undefined. She may mean Wendy's sister's unfairness to Nicholas, or she may mean Nicholas's treatment of his mother. Here, also, she says something slightly different than she said in segment F, immediately above. Here, she says, that in reaction to the unfairness of others, Wendy is out of control, while before she said, Wendy gets upset because she's starting to feel out of control.

Interaction statement: the therapist {Define-th} shifts the definition of the problem away from Nicholas, emphasizing Wendy's role in her difficulties with him, thereby challenging Wendy's definition of the situation, and {Locus-W} making Wendy the focus of the problem, {~Locus-N} rather than Nicholas.

The therapist pauses briefly, then continues, urging Wendy to look at her situation in the new way. She says:

...y'know I'm wondering if y'look at
in that way instead of looking at it as
Nicholas's be:ing, boi:sterous or thi:s

Clt.: °(yes)

Th.: or whateverr or, feeling bad because 'is father is awayy or, y'don't look at that way now I wonder if y'could look at it..from the standpoint of what, his behavior isa- is bringing up in you..c'n y'think about that f'r a while

Paralinguistic cues: frequent stress on words, elongating syllables, and short pauses for emphasis.

Expansion: Th.: <IV. I want you to look at the problem with Nicholas in the way I just described, instead of looking at it as a problem of his being boisterous->

Clt.: yes, Nicholas is boisterous.

Th.: <IV. -or whatever way you would describe his behavior, or feeling bad because his father is away. Don't look at that way now I want you to look at the problem of Nicholas's behavior from the standpoint of what it is bringing up in you. I want you to think about that for a while.>

Interaction statement: the therapist {Teach-th} instructs Wendy in how to look at the problem with Nicholas, thereby again challenging her way of looking at the problem, and {Define-th} substituting her own view that the real problem is {Locus-W} Wendy's reaction, {~Locus-N} rather than Nicholas's actions.

Wendy's statement of agreement is strong one, although, from what follows, it isn't clear what she is actually agreeing to. She says, after a long pause and speaking in a low voice, " you- you said it exactly." The therapist attempts to get Wendy to state it in her own words and make the learning her own. She says, "..why don't you say it." Then she pauses briefly and repeats, "why don't you say it."

Wendy's answer is poignant. There is a long pause of several seconds, then she says, " can't seem t'say it somehow." She pauses again for several seconds and continues, "but it's Inside I c'- th'feeling and everything I wanna say is there..but I can't get it out."

The baby has been quite vocal through the last few minutes, at first simply making sounds, but then beginning to cry. The therapist suggests that they see to his needs before continuing. It is evident from the tape that Wendy is feeding Michael. The therapist joins in, talking to him, and Wendy laughs.

The therapist continues, introducing what will be a summary what she said a few minutes before. She says:

Th.: yea:h..yeah..so why we were s- what- what I'm trying t'get across an I think you've grasped the idea

Cl.: yeah

She goes on repeating and stressing what she has said before:

Th.: is that it's not just what a child is doing or what someone else is doing to us not in itself..that is causing us t'really get upset..cause y'said even as y'watched these things doesn't get you a:ll that-..but that

Cl.: O(no)

Th.: something else b'comes the problem an' what happens is..it's the meaning of that situation f'r you..'s'ot th'situation itself but that situation see:ms to mean...

Paralinguistic cues: emphasis on words, "not," "upset," "meaning," and "mean"; elongates word "all;" leaves out words.

This statement contains an explicit statement of the proposition which the therapist has been advancing throughout this segment. This proposition is {Meaning}, the real cause of our getting upset is the meaning of a situation for us, not the situation, itself.

Expansion: Th.: <IV. I think, because you yourself said that these things don't get you all that upset, that you've grasped the idea that it's not what a

child, or somebody else is doing that is the real cause of our getting upset.>

Cl.: no

Th.: <IV. The real cause is something else, {Meaning} the meaning of the situation for you, not the situation itself.>

Interaction statement: {Teach-th} the therapist rephrases and repeats her point, trying to ensure that Wendy understands it, and thereby urging Wendy to accept it.

Then, following a brief pause, she repeats what she had said before about Wendy's perception about the meaning of Nicholas's behavior:

...Wendy doesn't know how to handle it..Wendy has lost control of her own seven year old son..Wendy needs other people t'move in t'control her child....that's humiliating..that hurts...

After emphasizing the negative so repeatedly, she pauses for several seconds, and switches directions, balancing off what she has already said by emphasizing her belief that Wendy is a good mother. She states this very strongly, as something Wendy knows because it is an unchallengeable fact, thereby trying to counter the doubts Wendy has just expressed about herself as a mother. She continues:

Th.: ...an especially..when y'know..that you are a good mother when that's very clear..I c'n see, if that's th'way Wendy- if that's th'way you're interpreting, what Nicholass, is bringing t'you by his behavior, I c'n understand--..I c'n understand why there might be a lot of tension between you nd him.. because, your mother role obviously means a great deal t'you...

She pauses briefly, and then, to prove her point, she turns to Wendy's interaction with the baby, Michael.

She says:

...it's very clear..I mean y'..just th'way
y'interact with- with u:m th'li- with//Mi-
Clt.: Michael
Th.: Michael o.k. j- it's so clear he's so
happy..he's so happy y'know an babies don't
fake it..you look at how a mother- you look at
how she's interacting with him it's very clear
..you care a grea:t deal about your
kids..

She goes on, comparing Wendy to a hypothetical mother who isn't bothered by people saying that others have to interfere with her child. She continues, "...I would say doesn' it bother this mother th't people think she's out of control..it does bother you." She continues; saying that once we can define it as a problem that she is bothered by people saying this, then the focus comes off Nicholas, "an that- maybe that should come as good news because..you really..we really have more control over ourselves than we have over other people." Again she reviews the points she had made defining the problem before. It is a problem of Wendy feeling inadequate, out of control, feeling that people don't know what a good mother she is, "th't maybe we c'n give Nicholas a little break.

Wendy tries to speak, but after a long pause, can't get her words out. Her difficulty speaking prompts another shift in direction. The therapist now turns her attention to her evident distress at that moment. And this new direction also begins a new segment.

Segment J

The preceding segment dealt very heavily with negative beliefs which Wendy held about herself as a mother for which, on her own, she had no adequate answer. Thus far, she had only been able to manage statements to the effect that she has tried with Nicholas, but it isn't enough, and she can't see what it is she might do differently. Although the therapist took a supportive stance as she restated these beliefs, as she interpreted them, and tried to balance the negative to which she was giving voice with some answers, Wendy's expressing her negative beliefs about herself, and then hearing them back from the therapist, may well have been too much for her. By the end of the last segment, she was very down on herself, and very upset; she became unable to speak, and in this segment she began to cry.

The segment begins with another long speech by the therapist, this time one specifically of encouragement. Now, the therapist continues her insistence, begun in the last segment, that Wendy is a good mother, but this time to help her overcome the feelings which her preceding discussion had raised. In this segment, Wendy goes from feeling down on herself to, responding to the therapist's encouragement, and picking up on the theme of the last session, as well as what the therapist has been saying in this session about unfairness to Nicholas, strongly taking Nicholas's side, and being down on those who are criti-

cizing him. The support she receives, or has received from the therapist in the past, helps her mobilize her defensive energies and express her anger toward those who have been critical of Nicholas.

The segment begins as ^{the} therapist begins to address Wendy's feelings. She speaks in a soft voice, and says:

Th.:y'know even as- even as I'm saying these things I c'n- it's obviously- it's hard for you t'hear them....I hope you don't think th't I'm saying they're true because I don't at all I don't feel that way at all.... sometimes it's th'more sensitive parents th't get into a lot of trouble..b'cause they really want everyone t'know what- what a good mother they really are, how much you're dealing with now is incredible, your own, an how sensitive you still c'n be, I mean y'know let's face it y'didn't really get a, great deal..y'r going through a very very rough rough time....an y'r trying t' be, super mother, throughout th' whole thing....an maybe you are feeling a little d'fensive y'said y'self Nicholas is feeling d'fensive

Wendy's is crying when she answers.

Cl.: °(I think so sometimes) ((cries))

The therapist says:

Th.: If he iss aren't you also

Wendy is still crying as she talks about her feelings and her hopes for Nicholas, and as she frequently pauses in what she is saying, the therapist, in a voice barely audible on the tape, encourages her to continue:

Cl.: ..I do....like I..I think I try t' f'get about..my feelings

Th.: °(mmhm)

Cl.: so that I could, everything out..into, Nicholass, or to help him

Th.: °(yeah)

Clit.: or to, um....make him the way he should be
or I want 'im to be

Paralinguistic cues: very hesitant, several pauses; cries while speaking.

This statement of Wendy's implies a new proposition, but one which is related to several propositions already introduced. The new proposition is {More}, Nicholas needs more from Wendy because his father is absent. The propositions to which it is related are: {Even up}, Wendy has a responsibility to bolster Nicholas's self esteem, and Live with}, Nicholas has a lot to live with, both introduced by the therapist in the second session, and {Void}, Nicholas's father's absence created a void in his life, introduced by Wendy earlier in this session. Wendy is also saying that Nicholas's needs come before her feelings, which introduces the proposition {Priority}₁, a more general form of the proposition introduced in the last session. In this form the proposition is: Nicholas's needs come first.

Expansion: Clit.: <IV. I do feel defensive, but the way I handle it is to try to forget about my feelings {Priority}₁ so that I can put all my energies into Nicholas in order to help him (since {More} he needs more help because his father isn't with him) or make him the way he should be, or I want him to be.>

Interaction statement: Wendy claims that {Good mo-W} she is a good mother because {Priority}₁ she ignores her needs and concentrates on Nicholas. She thereby answers implicit criticisms raised by others that she is not a good mother because of the way Nicholas behaves. She also asks for the therapist's support because of the good job she is doing.

The therapist's answer both reassures and redirects,

and Wendy, in a low voice, tentatively expresses agreement:

Th.: and he will be, and he will be..but maybe
you were barking up the wrong tree
Clt.: ..^o(I-, probably)

The therapist continues, returning to what she had been urging a few moments before, but with a new note of encouragement:

Th.: y'know, maybe if y'focus more on y'self
Clt.: ^o(mm)
Th.: ..on what you need an what you're feeling..
Nicholas, will sense that, as young children
do, will sense that, mom's in charge..I'm
safe, she knows what she's doing

Wendy's response expresses agreement, but is ambiguous. She is still crying, and has difficulty getting her words out:

Clt.: ((sniffs)) I've always..I thought of it too

The therapist urges her to expand on what is apparently agreement:

Th.: what did y'think of Wendy w- wha'd'y'think

However, Wendy returns to the theme of blaming herself, but is still ambiguous. The therapist's "yes" asks her again to say more. In her brief answer Wendy goes beyond saying that she has doubts about her performance as a mother, or is not performing enough, to the most negative assessment she has made so far of her performance as a parent. she suggests that the way she is raising Nicholas is a bad influence on him:

Clt.: that..it's-, it'ss something I'm doing, or
something I'm not doing
Th.: ..yes
Clt.: ..that's all, maybe changin' him

Paralinguistic cues: cries as she speaks.

This statement introduces the proposition {Bad influence}, what Wendy is doing, or not doing as a parent is changing Nicholas for the worse.

Expansion: Clt.: <IV. I feel {Bad influence-W} that there's something that I'm doing, or something I'm not doing, but which I can't see, that is changing Nicholas from the good boy he might otherwise have been to {Difficult-N} the kind of very difficult child he is now.>

Interaction statement: Wendy states that she believes that she is exerting a bad influence on Nicholas, thereby asking for support from the therapist.

The therapist's answer provides the support which Wendy is most likely seeking. She speaks slowly and carefully with frequent pauses to give full effect to her words. She challenges Wendy's last assertion:

Th.: ..well whenever we live closely with anybody
 ..whatever they do..has an effect on us..(7)..
 but it sounds t'me as though you're taking
 that as a big big guilt trip I'm doing
 something so terrible that this boy is acting
 like this

In her answer, Wendy does not respond to what the therapist has said about her view of herself as a mother. While, particularly in this session, she has shown a capacity for introspection, now, under the weight of the emotion she is feeling, she is not able to examine her own beliefs. Instead, what Wendy next says appears to be a response only to the last few words of the therapist's utterance, "that this boy is acting like this." She returns to last week's discussion about her sister's treatment of Nicholas. What she says here is very close

to what was said last week, only now, she is able to use the therapist's words to complete her own thoughts. Compare the following, from a segment of the second session prior to the one I examined in the last chapter:

- Clt.: they know his father's not home an they know he's, been gettin a little uncontrollable, so he's like..
 Th.: a scapegoat, y'know what a scapegoat is
 Clt.: yeah, mm, b'cause I told him my brother he's-, he's stopped his kids from playin' I know she's-, I- I get th' feeling now that she doesn't wan' 'im- what him t'be around, or, she doesn't want..
 Th.: he's getting a label
 Clt.: yeah..an, it hurts, b'cause..he's uncontrollable but he's not-, a bad bad// b() boy
 Th.: what is he doing
 Th.: what has he done that's so terrible, I- I keep wanting t' hear a terrible//thing
 Clt.: nothing, nothing, no

In that discussion, Wendy expressed the sentiment that her brother and sister's treatment of Nicholas is extreme and unfair. The therapist supplied the words, such a "label" and "scapegoat," to express those sentiments, and supported Wendy's defending Nicholas. Here, Wendy has the concept, although she uses the much stronger word, "branded," which would be available to her from the popular media, rather than the therapist's more technical words. She also has the assurance of the therapist's support, and can express these sentiments, although they don't seem to follow from what has gone immediately before. However, in the context of this discussion, Wendy is using her indictment of her sister and others who have been critical, to say that, "since they're exaggerating

about how bad Nicholas is, maybe he isn't so bad, and if he's not so bad, then I'm not so bad, either."

This is the turning point of the session. Before, Wendy complained about Nicholas, or blamed herself for his not measuring up. From this point on, she defends him, and her self esteem as well. In complaining about those who have been portraying Nicholas to her more or less as she has been portraying him heretofore in this session, she essentially rejects her earlier view of him and it's implications about her performance as a mother. In doing this she is also doing in the session what the therapist was pushing her to do in real life during last week's session, take Nicholas's side and defend him. While she may not be ready to do this outside, the consistency with which she takes Nicholas's side suggests that she has taken the therapist's urging quite seriously. She says:

Cl.: ..(5)..(close to it() y'know th'way
 ..now that he's moreorless branded as being
 ..(3)..^o(oh um)..so bad

Th.: mmhm

Cl.: that, I don't think..n'aynone even, ever
 see, any of th'good that he does..y'know it's
 always they always, jist see whatever, bad
 thing he do..//((begins to cry)) an they never

Th.: ()

Cl.: see anything good that he does

Paralinguistic cues: much hesitation, five second pause before speaking; emphasis and sarcastic intonation on, "so bad;" cries; repeats "that they never see anything good...."

Expansion: Cl.: <Iv. I've described to you how Nicholas has been more or less branded by my sister and my brother and others as being a bad boy, and because of that I don't think anyone ever sees the good that he does, they only see the bad things.>

The interaction statement gives the proposition {Branded-N} the reason Nicholas is seen as bad is that certain people have branded him as bad.

Interaction statement: Wendy answers the therapist's rhetorical question about what bad things Nicholas has done, and asserts that the reason he is regarded as bad is that {Branded-N} certain people have branded him as bad, and therefore only see bad things he does, never good. She thereby negates {~Difficult-N} etc. her earlier propositions regarding Nicholas, and agrees with the therapist that Nicholas is not bad, and claims that the the people calling him bad are wrong and unfair. She thereby strongly takes his side, and at the same the therapist's side, since she is also saying that Nicholas is not bad.

In her answer, the therapist moves with Wendy, from defending her as a parent, to encouraging her defense of Nicholas:

Th.: but you do
Cl.: °(yeah)

Her "o.k." reclaims the floor, and she then endorses what Wendy is expressing about Nicholas. She then goes on to endorse the implicit conclusion about Wendy as a parent, as well. She attributes Nicholas's good qualities to Wendy's good job of raising him. She says:

Th.: °(o.k.) so than what you're saying is that
it's not a lost cause..(3)..
Cl.: °(no)
Th.: °(he's only seven years old an' there are
lots of good things that he does..yeh) so
you've been doing y'r job, pretty good

Paralinguistic cues: emphasis on words "saying" and "seven."

Here the therapist invokes a proposition she had introduced the previous week, but this time to praise Wendy.

Expansion: Th.: <IV. I conclude from what you're saying that you believe that Nicholas is not a lost cause. I agree. He's only seven and there are lots of good things he does {~Bad boy}, so {Connection} you've been doing a pretty good job of raising him.>

Interaction statement: the therapist endorses Wendy's judgement that there lots of good things that Nicholas does, thereby also endorsing her implicit assertion that she is not a bad mother {~~Good mo-W}.

There is a silence of twelve seconds before Wendy speaks. Although the therapist has been strongly supportive, Wendy is still quite upset. The therapist then goes on, evidently having concluded that she needs to address Wendy's feelings more directly. She says:

Th.: does it upset you, too much, t'think about it
in this way Wendy is that, too upsetting t'you
Cl.: O(no)
t'look at it can y'look at it that way

Wendy's answer, spoken in a low voice, and in few words, indicates both that she is still upset, and that while she might now be wholly on Nicholas's side, she is still unsure of her role in raising him.

Cl.: O(I want to)

The therapist continues, addressing Wendy's feelings, and reassuring her. She emphasizes her strengths and the positives in her performance as a mother to the point of exaggerating them, partly to make a strong impression on Wendy, and partly perhaps out of a desire to believe in them, herself. She says:

Th.: 'cause you're th' grownup..you are a strong woman, I know that you are going through a lot, but obviously you're a weill put t'gether human being that's clear an it's clear that you are a good mother because a- an infant as

young, as Michael, he comes in, looking like he does..you know..//that there's a

Paralinguistic cues: speaks slowly and clearly; emphasizes major words.

The expansion introduces a new proposition from the therapist. It is {Strong-W} Wendy is a strong woman. she also explicitly says that Wendy is a good mother, therefore invoking the earlier proposition.

Expansion: <Iv. I want you to look at the situation involving your raising of Nicholas the way I've been describing it. (I want you to recognize your strengths.) You are {Strong-W} a grownup and a strong woman. I know that you are going through a lot, but you should recognize that you are a well put together human being. It's also clear that {Good mo} you are a good mother, I can see that because I can see that Michael is well cared for.>

Interaction statement: the therapist {Define-th} identifies Wendy as a strong woman and a good mother. {Teach-th} She identifies these strengths in order to help Wendy recognize them herself. She thereby challenges Wendy's doubts about her self and about her role as a mother, and responds to her plea for support.

The therapist pauses momentarily, and Wendy comes in before she finishes her thought. Although she speaks in a low voice, her response shows that she is not fully convinced:

Clit.: ⁰(he's a good baby)

In answer, the therapist repeats her point. She insists that Wendy's care of Michael, proves that she is a good mother:

Th.: well, he's a good baby responding to a good mother is what it really is, that's what really is, so you don't have t'advertise t'anybody, how good a mother you are

Wendy is becoming calmer now and more able to speak.

She responds affirmatively to the therapist's last thought, and, after a pause of several seconds, talks reflectively about how she would like her children to be. She says:

- Clt.: I- I really don't want to, it's
 Th.: yeah
 Clt.:I think I just, y'know, want my kids t'be
 ..not model kids I don't think I could live
 with model kids
 Th.: yeah whatever they are
 Clt.: O(jist), a yeah
 Th.: yeah I never met one

The thought about what she would like her children to be leads to the recollection of how she first became aware of the problem with Nicholas. The emphasis, however, is not, as it was earlier in the session, that Nicholas causes trouble, but that others are complaining about Nicholas unfairly. She says:

- Clt.: jus' um..it started where, even before I saw
 there was a change in Nicholas 'ike I knew that
 'e was a little hard headed..but it s-, it
 started whe:re I was gettin' these complaints,
 from everybody, an that's what, started...

Talking about the complaints she was getting, she again comes to the verge of crying, and, again, she has trouble getting her words out. There is a short pause, and she continues. The therapist's first barely audible "o.k." offers support, while the second does that, and reclaims the floor, as well:

- Clt.: ...settin these..y'know..I think that's what,
 sstarted th- th- th'problem..like it started
 at school an camp
 Th.: O(o.k.)
 Clt.: my sister an my brother
 Th.: O(o.k.)

The therapist does not respond directly to Wendy's

increasing emotion. Instead, she picks up on her use of the word, problem, and again tries to have her step back from the feelings and define the problem. This would be the first step in applying the technique which, presumably, would allow her to solve the problem. She says:

Th.: d'fined as what, started what problem
 Wendy, let's give it a na:me an let's put it in
 a boxx

Wendy does not really succeed in doing as the therapist instructed. The first part of her utterance might be the beginning^{of} an adequate statement of the problem:

Cl.: ..where, they think he was u:m, gettin outa
 hand he wasn', listenin'..

However, following, a short pause, she goes back to the feelings raised by the complaints about Nicholas, and by the people who made those complaints. She continues:

...I- like they- they tried t'put it, in words,
 that I wouldn' be upset about.. but....like I
 could tell somehow that..^o(oh I can hardly
 explain//it)

The therapist's encouragement which overlaps the last of Wendy's utterance does not keep her on the task since she is already talking about something different. Now Wendy tries to understand the meaning of the response to Nicholas's behavior she was getting from others:

Th.: I think you're doing fine
 Cl.:that, just for my sake, maybe they were
 being uh kind

Here, the therapist does not redirect her to the task of defining the problem, but works with her to help make sense something that has obviously been bothering her. The

exchange is as follows:

Th.: for your sake why, why would they, be doing it
for your sake
Clt.: maybe because they didn't want um..they didn't
wanna get me angry or upset, well not upset
but....^o(I uh)
..d'y'think they were protecting you
Clt.: no, I don't think so I didn't get that feeling
Th.: ^o(o.k.)
Clt.: ^o(um....not t'be kind) maybe..mayb' to be kind
inna phony way, not th'tru:e
Th.: ^o(what d'y'mean//Wendy)
Clt.: way

Her conclusion reveals her anger toward those who did
the complaining:

Clt.: not that they really, came t' me, ^o(t'-)
t'tell me that well Nicholas is doing this, an
it's a probl:em th't well you know, in that
they wanted t'help me, but, just t' complain on
him n t'let me, feel that, he's a bad- I have a
bad kid out there

Paralinguistic cues: emphasis on words "help," complain,"
and "kid"; corrects self from "he's a bad" to "I have a
bad kid."

Expansion: Clt.: <EV. (C.) they really didn't come to me
to tell me what Nicholas is doing because they wanted to
help me, but just to complain about him and let me feel
that he's a bad kid, that my kid is a bad kid.>

Interaction statement: Wendy asserts that those who were
complaining about Nicholas were motivated by a desire to
complain. She thereby invalidates the complaints{~Bad
boy-N}, and in so doing claims that {Good mo-W} she is a
good mother, since the implication that she has raised
Nicholas badly has no validity.

Once again, the therapist attempts to have Wendy look
at the meaning of having "a bad kid" for her self-image, but,
again, Wendy misses what she is after, and her thinking
remains on the level of the concrete situation:

Th.: I have a bad kid therefore
Clt.: ..a- uh take care of 'im

The therapist starts to try again, but Wendy starts to

speak, and she stops, but Wendy stops too:

Th.: what does that m'//o.k.
 Clt.: getting

Then the therapist offers another explanation of what she wants Wendy to do:

Th.: ..what about that, is upsetting remember what we're gonna do not is ss-, situation teacher an people coming t'tell you about Nicholas's behavior, you're feeling something °(about that) you're feeling upset o:r whatever it is you're feeling....y'say t'yourself I'm upset, what is it about..this situation that is causing//me

Wendy begins answering before the therapist stops. Again, she does not manage to get what the therapist is driving at. Her answer leads her into a story in which she takes Nicholas's side against the criticism he has been receiving. This story comprises the short final segment of this session.

Segment K

Wendy begins by saying that people were complaining to her, but the things they were complaining about were things any normal kid, especially a boy, would do. She gives an example which becomes the story proper.

They were in the park, and a lady came over to her and told her that Nicholas was exposing himself: "I- so I said to her..exposing himself I s'd what d'y'mean..she s'd well he w's exposing himself..y'know why don't y'find out from him."

She says that she called Nicholas over, but then interrupts herself to explain that, "sometimes we're in th' park

an y'know he has t'go pee an maybe there are some bushes there I say °(Nicholas) you know you c'n go behind th'bushes nobody'll see you." Last week they were in the park, and the bathroom was closed "an I had t'hold a towel around so he could-."

Then she returns to the story and comments, "so it kinda shocked me y'know I didn' understand what she meant." She asked Nicholas what he was doing. She said to him, "y'know s'd you were exposing y'self what were y'doing."

It turned out that he was with another boy and they were playing, "an all they were doing they were peeing in th'corner of th'building."

At this point the therapist interrupts and asks if she is saying that people are unfairly picking on Nicholas. Wendy's answer is that they are "misjudging him somehow." She goes on to say that she was told that even this woman's daughter will go behind the bushes. She adds that she doesn't see anything wrong with that so long as it doesn't get out of hand. "But," she says, "I think she deliberately y'know.. wanted..t'make a..." Unfortunately, the tape ends at this point, but the idea is one she had already expressed, that this lady was complaining because it was Nicholas, rather than because Nicholas had really done something seriously wrong.

This session began with a story in which Nicholas was the subject of complaints and in which Wendy agreed with those complaints. It ends with the last story in which Wendy

rejects a complaint which is made against Nicholas, and in so doing, took the position that the criticism of his behavior which she has been receiving is unfair criticism, and is, therefore, not valid. This last story is a continuation, and a culmination, of the discussion in the last segment, the turning point of the session. From that point on, growing out of her frustration with what the dialogue between herself and the therapist revealed, her own diminished self-esteem, stemming from the conviction that she was somehow, although she was not sure how, not performing enough as a mother, Wendy began consistently taking Nicholas's side, rather than criticizing him herself, or criticizing herself for his behavior.

Although Wendy's orientation to Nicholas and his behavior at the end of this session, might represent another possible attitude to take within a general stance of helpless frustration, both with her inability to control his behavior, and with the criticism which that behavior brings from others, the three remaining therapy sessions and the posttest session demonstrate that these changes represent something more significant, a change in outlook which persists, at least through the final meeting.

CHAPTER VIII

SESSION 4

In a discussion of temporality as a dimension in conversation, Garfinkel (1967) calls attention to certain processes by which participants understand what has been said. He makes use of a sample conversation reported to him by a student as part of an exercise, and observes that:

...Matters that the two [participants] understood in common were understood only in and through a course of understanding work that consisted of treating an actual linguistic event as "the document of," as "pointing to," as standing on behalf of an underlying pattern of matters that each already supposed to be the matters that the person, by his speaking, could be telling the other about. The underlying pattern was not only derived from a course of individual documentary evidences in their turn interpreted on the basis of "what was known" and anticipatorily knowable about the underlying patterns. Each was used to elaborate the other....In attending to the utterances as events in-the-conversation each party made references to the biography and prospects of the present interaction which each used and attributed to the other as a common scheme of interpretation and expression. (p. 40-41)

Although Garfinkel describes a single conversation, his point equally applies to the series closely of linked conversations which constitute psychotherapy. Each session of this therapy has so far built on the last, and with each session the process by which the participants accumulate and draw on a history of themes and expectations of each other, which become part of the ongoing

discussion, and therefore, material to be drawn on later, becomes more apparent.

In this chapter, I will attempt to show that, by session four, these processes are well advanced, and references to, and utterances which have their roots in material from previous sessions, as well as from earlier in the same session, have become a major feature of the discourse. Since my concern is therapeutic change, I will attempt to show that through the dialogue between the client and the therapist, an active reshaping of the client's ideas, viewpoints, etc., is in progress. In the two previous chapters I have pointed to specific portions of the dialogue where this process of reshaping was most in evidence. In this chapter, too, I will examine such a segment.

The session divides into nine segments, A - I, although the points of demarcation between these are not as clear-cut as with previous sessions. I will look in depth at segment H, which lasts ten minutes, and which occurs approximately one half hour into the forty five minute tape. This segment concerns Wendy's attitude toward her responsibilities to Nicholas, and builds on the discussion of the last session. It involves a story she tells early in the session, in segment B. I will first summarize the part of segment B in which this story and one which contrasts with it occur, before going on to look in depth at segment H.

Segments A and B

Segment A is brief, slightly less than one minute, and is devoted to a discussion of when and how Wendy will be paid for her participation in the research. Segment B begins with the therapist asking for an incident in which Wendy and Nicholas did not get along.

Wendy begins by making her usual complaint about Nicholas. She opens by saying, "it's moreorless he's-y'know his general behavior." He still doesn't listen. Then, rather than presenting a specific incident, she makes a general statement about how Nicholas acts with her mother, who as with other times Wendy has introduced her, is brought in to indirectly endorse Wendy's view of things. As she had related in the first session (see chapter IV), her mother had been trying to get him to behave by offering him rewards. Finally when Nicholas wouldn't change, her mother became frustrated and come to realize what Wendy already knows: "she was trying t'help me out with him by being y'know- by givin into him, an she had started to s- y'know slap him up." Wendy explains that, "she find that, y'know like he'll be nice t'her like she'll promise him, money, or she'll promise t'buy him something," but he would "just be nice for that period and then he's-, after he gets y'know, he gets completely-, he changes."

The therapist recasts Wendy's report in terms of the technique, and says, "so that's a solution that does not

work." Then, since Wendy has not yet given her an incident, she asks for one.

With previous incidents that Wendy reported, the point of the story was, as with what she had just described between Nicholas and her mother, to illustrate how difficult a child Nicholas is. Here, however, her point is different. As she did at the end of the last session, she takes Nicholas's side, and attempts to show that he is being treated unfairly.

The incident Wendy relates occurred, like the one she described last week, at Nicholas's day camp. After she left the last week's session, when she went downstairs to pick him up, his counselor came over to her and told her that he had hit another kid with a string. He told Wendy that she should, "try t', talk t'Nicholas so, to- to, tell'im to, keep 'is hands, off other kids." She explains that "I got the impression that he was like, hittin' other kids, y'know it was a, thing going on every day."

When she got home, she told Nicholas that she was going to speak to the assistant head of the program, Jason, and, before making the call, asked him for his side of the story.

According to what Nicholas said, he had been playing with the string, actually a long shoelace, "n he said he y'know-, he didn' hit th'kid, he was s-, s-, y'know s- twirlin' it around and...it hit th'kid..and..they got'im f'r that."

The therapist responds to Wendy's choice of words,

saying: "what d'y'mean 'they got 'im.'" However, rather than focusing on the meaning for Wendy behind this locution, she merely asks for more facts about what occurred, and says, "what'd they do to 'im when-."

Wendy answers before the therapist finishes, and goes on with the story. She says that they took Nicholas out of class. First his counselor spoke to him, then they took him to Jason, "and..they had a talk with him to- he said...they told 'im..um....i- if is th- if he thinks that it's nice to hit other kids." Nicholas replied that he didn't, and they asked why he did it, then. Wendy's next utterance makes the chronology of events unclear, but reveals something of her feelings about these events. She goes on, "well, Jason tol' me that he said, he felt like it, so, I said Nicholas y'know, how could you answer like that what- what kinda answer is that, y'felt like it." She next reports Nicholas's answer: "he said, he didn', say he felt like, hittin th'kid but he- when they asked him why was he doing that, he- twirling it around he said he felt like, y'know, he-." Here the therapist finishes Wendy's sentence and says, "twirling it."

Wendy then called the Center to talk with Jason. However, since, a few moments later, she says that she still hasn't been able to get to see him, she is apparently referring to an earlier conversation with him, after she spoke to the counselor. Somewhat confusingly, she reports what Jason said to her in the same words she has

already used (see above) to report what the counselor told her. She says:

Clt.: I don't know if he understood fully exactly what h'd happened b'cause..y'know because of th' way he came t'me an

Th.: mmhm

Clt.: spoke to me, I got the impression he was being, a big problem in th'group every day hittin' other kids

Th.: mmhm

Clt.: because he said to, try t'talk t'him to keep 'is hands off, other kids...

Her dissatisfaction, however, with her part in in the conversation is just below the surface, as she reports what happened next: "...and, at the time- at that point I- I didn' say anything to' 'im I said o.k. I'll have a talk with him when I go home."

Segment H

In the previous segment, devoted to a review of the technique, the therapist talks about the physiological response to a situation, which constitutes a signal that a problem exists. She then talks about the way to respond to that signal, to stop and think. The next step is to define the problem. This leads to a discussion, which constitutes the major portion of this segment, of the incident which Wendy related earlier, and to an attempt to identify and define the problem which that situation presented. Segment H begins when the therapist begins her discussion of defining a problem. Subsegment a begins with a sequence reminiscent of an old-fashioned pitchman's spiel, she says:

a.01 ..well, that's very easy f'r me t'say, t'stop

.05 an think, now I need t'help you with well,
waddaya mean I have t'stop an think, how, well
what'r th'steps, o.k., an that's a fair
question, th'steps are this, first thing you
haveta do is to define the problem, because
there are lots of problems c'n you think of
all th'different kinds of problems somebody
c'd have

Wendy's tentatively uttered reply is that she
couldn't, but then, laughing, she alludes to her own
situation, and says that she has a few problems of her
own. She says:

Clt.: ..^o(I couldn't)
.15 Th.: ^o(o.k.)
Clt.: ^o(I have a few of my own) ((laughs))

Laughing along with Wendy, the therapist emphatical-
ly agrees. She then lists the kinds of problems that
Wendy has had, but in terms of feelings, rather than of
actual events:

.20 Th.: YOU'VE HAD, more than your share, o.k., you
could have a problem of..being hurt, being
embarrassed, being angry, being frightened..
um being jealous..um what else....well, maybe
that's enough, a' that's enough((laughs))
trouble f'r one day o.k.,...

She then says that what she has just listed are only
examples. This is the way she wants her to look at prob-
lems. Next, in subsegment b, she asks her to look at the
situation she had described before, and define the prob-
lem, in terms of what was upsetting her at that time:

b.01 ...but that's an
example, those are examples of th'kinds of
problems y'c'd have, what you need t'do is
t'look at that situation, nd say t'y'rself,
.05 what is it, about this situation, that is
upsetting me..

She then turns to the situation and begins to get

more specific about what it was that caused Wendy to feel hurt:

...an what you said, that when Jason had t'speak t'you about y'r child's behavior, what is was w's that it hurt you
 .10 Clt.: °(yes)

Having specified the moment she wants Wendy to think about, the therapist asks her to put her feelings into words:

Th.: feeling you were having was, of being hurt.. now if y'think about that f'r a little while you'll get it even clearer, you'll get it even down to a finer point, c'n you think about,
 .15 where you were then, Wendy, what that feeling was that you were having n, put y'mind t'work now an- an use language, t'say..to define, what that feeling was about

Wendy's answer constitutes subsegment c. She speaks with obvious difficulty, starting off in a low voice, and pausing several times, she first makes a general comment on the unfairness of what happened:

c.01 Clt.: ..°(o.k., I felt-)....I felt t'myself, o.k., I know he's hard-headed..but um..f'r such a simple thing, f'r th'way he put it..it wasn' somehow fair, °(I- I- I thought)
 .05 Th.: °(o.k.)

Paralinguistic cues: starts off in low voice; much hesitation, and several pauses, voice falls off at end of statement; emphasis on words "simple thing."

This statement invokes the new local proposition {9}, Nicholas was treated unfairly.

Expansion: Clt.: <IV. o.k. let me try and do what you asked and explain what it was that made me feel hurt. I thought to myself, o.k., I concede that Nicholas is hard headed, and therefore, he is often difficult to deal with, but for such a simple thing as accidentally hitting another child with a piece of string, {9} the way Jason described it to me wasn't fair to Nicholas.>

The interaction statement introduces a new proposition, which like those propositions introduced earlier which refer to the therapist's role, also refers to the immediate therapy interaction. It is {Good client-W}, Wendy is a cooperative client.

Interaction statement: Wendy attempts to comply with the therapist's request, therefore demonstrating {Good client-W} that she is a cooperative client. She also complains that the program's treatment of Nicholas was unfair, thereby demonstrating that she is sensitive to unfairness done to Nicholas, and therefore is complying with {Stick up-W} the therapist's instructions to stick up for him, thereby demonstrating that, according to the therapist's definition, she is {Good mo-W} a good mother.

Then, she talks more specifically about what it was that had offended her sense of fairness, that they misrepresented the incident to her:

Clt.: because he didn' e- tell me that it was
th'string, even though he had th'string there
I saw 'im wit th'string

Th.: mmhm, mmhm

Consequently, she was given an exaggerated impression of the seriousness of what Nicholas had done, and she was led to believe he has been doing something Wendy knows he typically does not do:

.10 Clt.: he-, he didn'- he t'- he said like, if I
could talk t' Nicholas about--from puttin'
his hands on other kids, °(y- y'know an I- I
thought well, is Nicholas goin' around
beatin' up other kids, an I know Nicholas is
.15 not a fighter)

Th.: °(yeah)

Clt.: °(he's, y'know), he'll get angry but he's not
one ready °(to..like, fistfight that's what
it is he's not)

.20 Th.: ..°(o.k.)

Paralinguistic cues: emphasis on words, "hands," "beatin'," "fighter," and "angry" constitute aggravation; expresses own opinion on a lower volume.

This statement implies another local proposition {10}, Jason exaggerated the seriousness of what Nicholas did.

Expansion: Clt.: <EV. (C.) he didn't say anything about the string. Instead,{10} he exaggerated the seriousness of what Nicholas had done, and told me to talk to Nicholas about putting his hands on other kids. When he said this to me, it didn't sound right. I asked myself, "is Nicholas going around beating up other kids?" I know my own child well enough to know that Nicholas isn't a fighter. Of course, we both know he'll get angry, and we've talked about that a lot, but even though he gets angry, he's not the kind of boy who gets into a lot of fistfights.>

Interaction statement: Wendy again claims that {10} Jason exaggerated, and that Nicholas is not as bad as he says he is. She thereby, again takes Nicholas's side against criticism, thereby showing that {Stick up-W} she is a mother who defends her child, and therefore {Good mo-W} a good mother.

In describing the image, brought up by the counselor's complaint, she herself exaggerates the kind of trouble Nicholas might now be getting into:

Clt.: and when he said like puttin' his hands on other kids, I-, I thought, y'know..I thought Nicholas w's y'know w's having a- like a fist fight, every day//with other kids, an y'know he w's

.25 Th.: mmhm

Clt.: hurting other kids

Th.: o (mmhm)

Paralinguistic cues: emphasizes words, "hands," "fistfight," and "hurting."

Expansion: Clt.: <EV. (C.) and when Jason used the term "putting his hands on other kids," I thought he was telling me Nicholas was having a fistfight with other kids every day, and that he was hurting other kids, which as I have just said, is not what Nicholas does.>

Interaction statement: Wendy contrasts what Jason told her about Nicholas with what she knows about him. She thereby demonstrates that Jason's report of the events is unreliable.

In the next subsegment, she tells a story which contrasts the program's handling of Nicholas's accidentally hitting another child with a piece of string with the way they handled a far more serious incident, when Nicholas was hurt by another child. She first makes the connection between her recollection and Jason's telling her that she should tell her son to keep his hands off other kids:

d.01 Clt.: and-, and something came t'me then I remember, when Nicholas had just started, in th'program, then it was th'afterschool

Th.: °(mmhm)

Paralinguistic cues: somewhat tentative in tone of voice.

Expansion: Clt.: <Ev. (D.) and something came to me while Jason was talking to me (and telling me what a problem Nicholas is). I remembered something that happened soon after Nicholas had started in the program, at time he was in an after school program.>

Interaction statement: Wendy introduces the story she is about to tell.

Next, Wendy contrasts Nicholas, who is not really a problem, only hard headed, with a little boy who really was, and in doing so, articulates a new view of Nicholas, different from what she has put forward in the early sessions:

.05 Clt.: um, °(they had a little boy in there that was in his group that)..then he w's a problem to them

Th.: mmhm

Paralinguistic cues: initially speaks in a low voice, then returns to a normal volume; emphasis on words "then," and "problem."

This statement contains a variation on {~Bad boy}, a proposition introduced in the second session. the variation is {~Real prob-N}, Nicholas is not a real problem.

Expansion: Clt.: <EV. (D.) some time ago they has a little boy in Nicholas's group who, in contrast to Nicholas who {~Real prob} is not a real problem, was a real problem to them.>

Interaction statement: Wendy sets up two categories: real problem, and not a real problem; and she places Nicholas in the second. She thereby 1) allies herself with Nicholas against the program, since they, presumably, have placed him in the first category. 2) She also implicitly abandons those propositions from the pretest and the first session which state that he is a problem. 3) She also shows that she is trying to comply with the therapist's instructions from the second session to {Stick up-W} stick up for Nicholas, thereby 4) demonstrating that {Good mo} she is a good mother

Wendy continues with the story, narrating what happened. She says:

.10 Clt.: and, they were going down th'stairs and..I
guess Nicholas went down th'stairs to the
class
Th.: mmhm
Clt.: an he bumped into him//an he turned around an
Th.: o.k.
.15 Clt.: he punched 'im in th'nose an he w's bleeding an
everything

The therapist's request for clarification also underlines what happened, the other little boy punched Nicholas:

Th.: th' l- th'kid punched Nicholas
Clt.: yeah
Th.: o.k.

Wendy next contrasts her own response to this incident with that of the program to what just happened with Nicholas:

.20 Clt.: and..like I didn'- I didn' really get, so
fiery angry like//y'know I said ah you
 shouldn've

Th.: mmhm

Clt.: done that y'know, he didn' hurt you why did
 you punch him, y'know

Th.: °(mmhm)

Paralinguistic cues: emphasis on words "fiery," and
 "punch;" use of expression "ah" to mitigate force of
 statement.

Expansion: Clt.: <EV. (D.) and when this boy, who is a
 problem, punched my son and caused him to bleed, I
 didn't get fiery angry, as I might be expected to, and
 have the right to get. Instead, I spoke to him calmly
 and reasonably, and said, "You shouldn't have done
 that, since he didn't hurt you. Why did you punch
 him?" And this was just the way I spoke to him, not
 like the way they spoke to Nicholas, or the way they
 spoke to me about Nicholas.>

Interaction statement: Wendy contrasts the way she
 spoke to the little boy who hit her son with the way
 the program spoke to her, thereby demonstrating that
 she is able to act in a restrained way when faced with
 a strong provocation from a child, while the staff of
 the program acted in an exaggerated way with her
 child. She thereby demonstrates {9} that Nicholas has
 been treated unfairly.

Finally, she contrasts the program's unconcerned
 response to this more serious incident to their exagger-
 ated response now:

.25 Clt.: and, like I- th'counselor, she didn' like
 y'know, she didn' make a big deal of it then,
 she didn', like say to 'im °(o.k. I'll speak
 to 'is mother about it that sort've thing,
 y'know)

Paralinguistic cues: emphasis on words "counselor,"
 and deal; repeats beginning of thought; voice trails
 off in last part of statement.

Expansion: Clt.: <EV. (C.) and the counselor didn't
 make a big deal out of this incident the way they have
 now with Nicholas. She didn't say to that boy, whom
 they knew was a problem, and as they should have done,
 and as they did do with Nicholas for a far less
 serious incident, "o.k. I'm going to speak to your
 mother about it," or something else of a similar

degree of seriousness.>

The interaction statement introduces a new local proposition, {11}, Nicholas was treated unfairly when the center didn't respond when he was hurt by another boy.

Interaction statement: Wendy contrasts the program's treatment of the other, more serious, incident with their treatment of Nicholas, thereby demonstrating that Nicholas was treated unfairly twice: first {11} by making light of his being hurt, and second {10} by exaggerating the seriousness of what he did. She thereby demonstrates concern for Nicholas, thereby demonstrating that she is a concerned, and therefore, good mother.

In subsegment e, the therapist returning to a theme she emphasized in the last session, tries to get Wendy to look at the meaning of the incident for herself, rather than for Nicholas. She says:

e.01 Th.: so Wendy what y'r saying is, what is upsetting me about, this situation, an several others like it is that I am being treated unfairly, through my son,...

Paralinguistic cues: emphasizes words "I" and "unfairly."

This statement introduces a new proposition, an extension of {Meaning}, introduced in the third session: it is {Proxy} Wendy feels she is being treated unfairly through Nicholas. The interaction statement also contains a proposition taken directly from Therapeutic Discourse (Labov and Fanshel, 1977). This is {Int-Th}, the therapist interprets the emotions of others.

Expansion: Th. <IV. this is the real significance of what you're saying: "what is upsetting me about this situation and several others like it is {Proxy} that I am being treated unfairly through my son.">

Interaction statement: the therapist interprets {Int-Th} what Wendy has said to mean something different from what Wendy, herself has said. She thereby asserts a knowledge of Wendy's thought processes which is greater than Wendy, herself, possesses.

She continues, and reiterates what she said during the last week's session, that Wendy should not focus on Nicholas, but on her own feelings. In explanation, she paraphrases what she has just said, and makes a new distinction, between saying and feeling. Wendy may be saying that she is concerned about Nicholas being treated unfairly, but she is feeling that it is she who is also being treated unfairly. Here, she also makes the general point that we have feelings about something when it has something to do with us. She continues:

...remember we're not gonna
focus on-, on Nicholas now,

Paralinguistic cues: use of word "remember" to call attention to the fact that this is something she has already discussed.

Expansion: Th.: <IV. remember that we've talked about this before. We're not going to focus on Nicholas now (because we have more control over ourselves than over somebody else.)

Interaction statement: the therapist reminds Wendy that they have talked about this before. She {Teach-th} redirects Wendy's attention from what she has been focusing on to what she judges that Wendy should attend to. She thereby {Lead-th} reasserts her role as the expert and leader of the therapy session.

The therapist continues:

- ...what y'r saying is he's
- .05 being treated unfairly (cause y'r-) but what-
but what- y'r feeling is, see we o- we feel,
when it has something to do with us even though
we're very close to our own child naturally,
but you're not- you're saying more than
- .10 Nicholas is being treated unfairly, you're

saying I'm being treated unfairly too

Paralinguistic-cues: emphasis on words "feeling," "feel," "more," and "I'm"; use of the several mitigating devices: the parenthetical expression "even though naturally we're close to our own child," repeats the word "naturally," use of the first person.

Expansion: Th.: <IV. what you're saying is that Nicholas is being treated unfairly, but what you're feeling is different. Even though naturally, you're very close to your own child, you are feeling the way you do because it has to do with you, since {Meaning} we only feel something when it has something to do with us. What you are feeling is not only that Nicholas is being treated unfairly, but that you are also being treated unfairly, too.>

Interaction statement: the therapist {Teach-th} restates her point that that Wendy is feeling the way she does about the incident because {Proxy} it affects her directly rather than, as she has maintained, through Nicholas. She thereby challenges Wendy's claim that her concern was for Nicholas alone.

Wendy rejects the therapist's premise that she felt bad on her own account, insisting that her feeling bad was for Nicholas. She says:

Clt.: °(no I- I don't think I thought of it that
())

Th.: oh

Clt.: I thought of//him,

.15 Th.: o.k.

Th.: yeah

Clt.: I thought of Nicholas being

Th.: °(o.k.)

Clt.: being treated//unfairly

Paralinguistic cues: begins in a very low voice; stumbles on word, "I"; uses the expression, "I don't think" as mitigation; emphasis on words, "him," and "Nicholas."

Expansion: Clt.: <IV. I didn't think about the way Jason spoke to Nicholas the way you said that I thought of it, that {Proxy} I was being treated unfairly through Nicholas. My thought was {9} of Nicholas, rather than me, being treated unfairly.>

Interaction statement: Wendy rejects the proposition {Proxy}, but is careful, through the use

of much mitigation, not to reject {Int-th} the therapist's right to interpret.

The therapist conditionally accepts Wendy's account of her feelings, but again asks her to look into them, most likely as a way of bringing her to recognize that she did, in fact, feel hurt on her own account:

.20 Th.: ^o(o.k.), an how did that make you feel

When Wendy does look at her feelings, she first says only that she felt bad and hurt for Nicholas. However, a barely audible "o.k." from the therapist brings more. She returns to something she expressed in last week's session, that she felt hurt because she hasn't been doing enough to protect Nicholas. This is a sort of compromise between simply feeling bad for Nicholas, and feeling bad on her own account. She says:

Cl.: it made me feel-. I felt bad f'r him, I felt hurt f'r him

Th.: ^o(o.k.) ((baby vocalizing here))

.25 Cl.: an I- I felt, hurt, myself too..in that..I'm not protectin' 'im enough an I'm not um-..by speaking up f'r him

Paralinguistic cues: hesitant, self-correction, speaks in short word groups separated by pauses, each with a strongly emphasized word, suggests difficulty in framing what she has to say.

This statement contains two new propositions, both of which are related to propositions introduced in the last session. The first is {Sympathy}, Wendy felt bad because Nicholas was being treated unfairly. This looks similar to, but has the opposite meaning to {Feel bad-W}, which refers to Wendy's own feelings of being unable to control Nicholas, and assumes that Nicholas has done some-

thing to deserve being yelled at. The second is {~Protect}, Wendy feels hurt because she is not protecting Nicholas enough. This is related to, and may be a specific instance of, {Doubts}, Wendy has doubts about her performance as a mother.

Expansion: Clt. <IV. {Sympathy} it made me feel bad for him and hurt for him. I also felt hurt for myself, because I feel {~Protect} I'm not protecting him enough since I don't speak up for him.>

Interaction statement: Wendy rejects the therapist's interpretation {proxy}, and first substitutes {Sympathy}, that she felt bad for Nicholas alone, but then, following a minimal, and essentially ambiguous, input from the therapist strikes a compromise. She thereby both manages to put Nicholas first {Priority}, and to accept the therapist's lead in the session {Int-th}.

The therapist connects what Wendy is now saying with past incidents, and at this point attempts to draw a general conclusion about the situations in which she feels the way she has just described. She says:

Th.:^o(o.k.), these are old themes f'you Wendy, y've said these things before, these two things th't one, when these incidents occur,
 .30 two f- two feelings seem t'come, one is one where you feel, that y'r child is being treated unfairly, th'second is that somehow you feel as though, you're not able to- you havn' been- done- doing y'r job ^o(you havn'
 .35 been protecting him enough I remember the incident with y'r sister in th'restaurant)
 Clt.: ^o(mmyeah)

Then returning to the issue of defining the problem, which she has earlier indicated to mean the feelings provoked by the incident. She asks Wendy to look more specifically at what she was feeling. In doing this she continues to try to get her to recognize the meaning of

the incident for her:

Th.: w- how w-, how would you dis- d'fine that
 .40 feeling..I'm not able to protect my child
 therefore I fee:l

Wendy articulates a feeling which has been implicit,
 and which the therapist had articulated several times, but
 which she, herself, had not yet expressed:

Clt.:at th'moment, it's like a-, like a
 helpless feeling like
 Th.: °(o.k.)

Her next statement is a wish to have somebody step
 in and defend her. Having someone else take over is a
 strategy she has used before in her difficulties with
 Nicholas, as she has described in previous sessions. She
 says:

Clt.: like I-, I'm-, like I'm hoping or wishing that
 .45 somebody//w's there to say- like stand up
 Th.: yeah
 Clt.: or say, y'know well don't treat'er so unfairly
 Th.: °(o.k.)

Although in the situation, she finds herself unable
 to speak for herself and say what she would like in Nich-
 olas's defense, later on, at home, the words come to her:

Clt.: b't then..later on..like when I'm home f'r
 .50 instance
 Th.: °(mmhm)
 Clt.: like I start t'think about it, because it's on
 my mind
 Th.: °(mmhm)
 .55 Clt.: I think..y'know....I sshoulda said something I
 should've, um, I shoulda spoke, I shoulda said
more t' my-, then, just willingly agreed t'
 them th't allright, he's a problem, °(I haveta
 go home an solve it,) like I shouldda said
 .60 well o.k. he's my child, I know him I know his
problem but he's not a-, all as bad as you
 think he is, an maybe you are misjudging 'im
 or, ma-, y'know making th'situation a little

more th'n it is

In response, the therapist offers an explanation of why Wendy isn't able to act as she would like on the spot. She identifies the problem as the feeling of helplessness which Wendy just named:

.65 Th.: it seem as though what you're saying Wendy is, that when I'm confronted, with th'situation, I am already, too ups- th'feeling I'm getting, that's upsetting me, is a feeling of helplessness..and that while I have that
 .70 feeling of helplessness I'm not able t'say, or t'do, what an hour later in my apartment comes into my mind, as what I should've said, what I should've done

Clt.: °(yeah)

.75 Th.: that makes sense t'me later

Wendy begins her answer by contradicting the therapist's interpretation, and also what she herself has just said, about why she was only able to think of what she wanted to say later, rather than on the spot. She says:

Clt.: yeah, because, that's when I, after I got home an I-, I decided I wan'ed to speak to Jason again about it...

Paralinguistic cues: speaks quickly

Expansion: Clt.: <IV. the reason I began thinking of things I wanted to say later because that's when I decided I wanted to speak to Jason again about what had happened.>

Interaction statement: Wendy offers an alternative explanation, and thereby as more rational, and less helpless than the therapist had just presented her.

Next she describes how she would like to have defended Nicholas when she spoke to Jason:

...to clear th'situation or, to make him understand that Nicholas isn' as-,
 .80 as-..as maybe bad or-, or out of hand, or out of control as he, might-, under the impression
 Th.: yeah

Clit.: that he is-

Paralinguistic cues: use of three terms to express possible ways of characterizing Nicholas--"maybe bad," "out of hand," and "out of control," shows unwillingness to agree to a label for him.

Expansion: Clit.: <IV> I wanted to clear up the situation and to make him understand that Nicholas {~Bad boy} isn't as bad, or out of hand, or out of control, whatever term they're using, as he might be under the impression he is.>

Interaction statement: Wendy expresses the desire to defend Nicholas. She thereby demonstrates that she is willing to carry out her responsibility {Stick up-W}, and is therefore {Good mo} a good mother.

Wendy is about to go on with what she would have told Jason, but the therapist cuts her off. She returns to Wendy's feeling of helplessness, but this time in the context of how she feels she appears to others, again an issue of self-esteem. She says:

.85 Th.: an also I think what you- what occurs to you then is you want to correct, the image of yourself as being helpless

Spoken in a low voice, Wendy's answer is very tentative:

Clit.: °(it could//be)

The therapist continues with the theme of Wendy's discomfort with feeling helpless, but Wendy does not pick up on what she is saying about paying attention to her own feelings, and is focused on Nicholas rather than herself. She has taken what the therapist said during the second session very much to heart, and wants to be able to stand up for him:

Th.: th't you wanna come back an say hey, Wendy is not helpless, she c'n protect her children

Paralinguistic cues: emphasis on words "hey," and "helpless," switches from second to third person for emphasis.

This statement contains a proposition which, like the two propositions introduced earlier, is related to one introduced in an earlier session. This is {~Helpless}, Wendy wants to show that she is not helpless to protect her children. This proposition is similar to {Force}, Wendy is able to act forcefully with Nicholas, introduced in the first session.

Expansion: Th.: <IV. you want {~Helpless} to come back to people like Jason when they talk to you about Nicholas the way they do, so that people will say, Wendy is not helpless, she can protect her children.>

Interaction statement: the therapist {Int-th} interprets in what Wendy has said a desire {~Helpless} to avoid appearing helpless. She thereby expresses support, but also directs her to look at her own feelings rather than at Nicholas.

Wendy still does not accept the therapist's emphasis on her own feelings rather than the concrete difficulties with which Nicholas is faced. She answers:

.90 Clt.: yeah but I don't think that is as much as it is to-

Th.: °(mmhm)

Clt.: to clear Nicholas, °(y'know to-)//to make him

Th.: o.k.

Paralinguistic cues: emphasis on words, "that," and "Nicholas," use of expression, "I don't think," and "as much as," as mitigation.

Expansion: Clt.: <IV. what I want is {~~Helpless} not to show that I'm not helpless; it is {stick up} to clear Nicholas.>

Interaction statement: Wendy rejects the therapist's interpretation {~Helpless}, and substitutes {stick up}, that she wants to stick up for Nicholas. She thereby demonstrates {Priority}₁ that she believes

that Nicholas's needs come first, and that therefore {Good mo} she is a mother

The therapist's response to Wendy's statement that she wants to clear Nicholas begins subsegment f. In the second session, she had emphasized Wendy's responsibility to stick up for him. Now with Wendy caught up in the need to defend him, and having difficulty sticking with focusing on her own feelings, she agrees with Wendy that sticking up for him is an appropriate thing to do. However, she appears to back down on supporting her judgement that Nicholas has been treated unfairly. She says:

f.01 Th.: ..yes, which is- is an appropriate, role for
a parent t'make sure th'facts are straight,
th't people, aren't treating th'child unfair-
I'm not saying th't they are b'cause I don't,
.05 y'know we're not there all th'time//enough
t'get th'facts

Wendy follows the therapist's lead, and backs down from calling the center's treatment unfair. She distinguishes between this one incident, and the center's general treatment of him:

Clit.: I- I don' even wanna say that they are
b'cause-
Th.: yeah
Clit.: he-, or else he would be commin home every day
.10 sayin I don' wanna go back, I don' think he is
//really bein' unf- treated unfairly
Th.: o.k.
Th.: o.k.
Clit.: it's just that, one situation I think it
.15 wasn'-..somehow or maybe it wasn't handled
right
Th.: o.k.
Clit.: I thought

At this point, the therapist returns to the issue of Wendy feeling tongue-tied. Although in this instance, she

has not supported Wendy in labeling Nicholas's treatment unfair, she still encourages her to stick up for him when he is being treated unfairly. She says:

- Th.: yeah, th'reason I wrote this down here Wendy
'cause I really didn' wanna f'get it because
.20 it seems as though, that's something that's
happening a lot with you, that f'r a lot of
situations, different kinds of situations,
that involve Nicholas..even though they're
different situations, very often you're
.25 getting pretty much that same feeling..I'm
helpless, he's being treated unfairly, he's
being negatively labeled, I- I'm stuck, I'm
tongue-tied, I'm not able t'say at th'time I
need t'say, hold it folks,...

She also suggests that the consequences of Wendy's not sticking up for Nicholas are that he will be confirmed in a view of himself as bad, although fortunately, that has not happened yet:

- ...y'know or whatever I
.30 wanna do about it t'make sure th't that
do:wnhill sli:de, is stopped f'r him, because
I think we've both agreed, that th't's an
important thing t'do, before it gets t'be a
.35 negative, an before he begins, to- to
respond to that, an t'say o.k.? y'call me
bad I'll be bad, a'mean he's only questioning
now
Clt.: ..yeah
.40 Th.: he's only questioning the other day he said
that to you that w's a//question that's, if he
Clt.: yeah
Th.: h'd made up 'is mind already he wouldn't have
uh
.45 Clt.: yes
Th.: so it's- there's time, there's time, uh it's
not hopeless..

She pauses briefly, and switches back to discussing the technique. She emphasizes the need for Wendy to use it to learn to stick up for Nicholas. This begins the next subsegment, g. She continues:

g.01 ...but an that's why I- I'd like you
t'really..try t'think, in terms of this
technique b'cause I think it c'n be very
helpfull...

Then she makes an interesting assertion, to which
Wendy agrees:

.05 ...in many ways you're already beginning
to use it
Clit.: °(yes, I think I am)

She defines the way Wendy is now thinking about her
situation as using the technique, only not on the spot,
and asserts that the problem is now one of timing. She
goes into another pep talk:

Th.: y'r not using it on th'spot, so what y'need
t'do is improve y'time, ((slight laugh)) y'
.10 know like athletes do, they get t'learn t'do
the, athletic, feat whatever it is, b't then
they have to i- improve their time, they have
to get better at it quicker at it o.k. n- n-,
but even if you-, as when you came up with
.15 that idea of-, uh lemme discuss it more with
Jason an explore it more n get th'facts n
whatever,

As she had said in the first session, she emphasizes
that Wendy will have other chances to improve on past
performance:

 ...you
still have a chance t'get back t'get back
t'Jason about, a'mean it isn't all lost....
.20 Nicholas is not out of th'program
Clit.: °(no)
Th.: an he's not terribly negatively labeled an
he's not, disenchanted with th'program, he
still wants t'come back..so you still have
time, um,

Continuing, she stresses the need to practice, and
says:

- .25 but I guess maybe what we need t'strive for,
is that, when th'situation occurs when you're
in th'situation, an th'signal is already
coming t'you, that eventually, through this
kind of practice, you will be, you will be
.30 able, to respond, at th'moment, with what
you're able t'do an hour later at home,
y'know just, improve//y'r timing, o.k.
Clt.: °(yeah that-)
Clt.: °(yeah)

The Fourth Session

By the fourth session, although--despite the therapist's optimism--Wendy does not appear to have learned much of the technique, some significant things have happened.

In the pretest and the first session, while she had some favorable things to say about Nicholas, much of what she had to say about him amounted to complaints, even though she was uncomfortable with her tendency to yell at him and hit him. However, in the second session, it became clear that, although she herself complained about his behavior, she was uncomfortable with the way he was being treated by others. In that session, the therapist came down very hard for Wendy's need to defend him, and by the end of the session, she was in agreement, since this treatment offended her sense of fairness. It also made her feel helpless, though, since she recognized her responsibility to defend him, but felt unable to even try.

In the third session, although Wendy began with complaints about Nicholas, by the end, she strongly took his side against the complaints of others. In this ses-

sion, while not yet able to do so outside, she again took his side against those who were complaining about his behavior, she, herself complaining about him less than before. Only her initial account of Nicholas's actions with his grandmother amounted to a complaint, and that was abandoned relatively quickly.

In the two sessions remaining, and in the posttest, I will continue to track the themes which I have identified in this and previous sessions: Wendy's progress in learning the technique, her complaints about his not listening, her ability to come to Nicholas's defense, and finally whether she is able to find a new way of relating to him without either yelling, hitting, or abdicating control.

CHAPTER IX

SESSION FIVE

In cognitive therapy, there is an expectation that, if it is successful, at some point toward the end, the client will be able to say something to the effect of "I used to do this, but now because I've learned here to see things differently, I do that, which I find works out much better."

In session five this occurs. Wendy announces, that as a result of what she learned, she has begun reacting to Nicholas differently, and now life is better. Early in the session, as will be shown below, she describes doing something the therapist has been urging her to do, and the result is, that she is calmer. Although the theme, "then" versus "now" was introduced by Wendy in the first session, this is the first occasion when both Wendy and the therapist are in accord that there is such a distinction to be made, and both use this distinction on several occasions.

Structurally, this session divides into eleven segments, although there are also a number of larger units comprising one or more segments. There are five of these larger units: the first is comprised of segment A alone. This segment is short and is taken up with preliminary matters, before beginning the discussion of Wendy's progress and the technique; segment B is devoted to a discus-

sion of the past week's activities; segments C through F involve a discussion of some visits Wendy and Nicholas made to her husband in prison; in segments G through J, the therapist reviews aspects of the technique, and in the final segment, K there is a discussion of the aftermath of last week's incident.

I will look in depth at segment B which deals with changes in Wendy's outlook regarding her ability to perform as a mother. Segment F, which I will not analyze, contains additional evidence of change in this area. It contains an account of a visit Wendy and Nicholas made during the past weekend to her husband in prison and deals with the issue of Wendy's reliance on her husband to control Nicholas. I am including the text of this segment as an appendix.

Segments A and B

Turner (1972), discussing the different stages of talk in a therapy session, identifies points at which changes in the nature of this talk occur. Looking at a group therapy session, he identifies several possible points at which the session could be said to begin: when the participants assemble, but before they are all present; when the therapist calls the session to order, but before the actual work of the session begins; and when the therapist announces, in whatever fashion, that they will now get down to work.

The beginning of this session, like several of the

others, is in accord with Turner's observations, and, at least in the portion on tape there are two "beginnings." The short segment A is preliminary to the main part of the session and is devoted to business items and some small talk. In this segment the therapist tells Wendy what she has learned concerning the way she will be paid. Wendy tells the therapist that the money will go toward Nicholas's school fees, and there is a short discussion of Nicholas and school, and then of Wendy's husband coming home from prison.

Segment B begins when the therapist as, in Turner's words, "authorized starter," turns to the questionnaire, and, by so doing, indicates that they will now get down to work. The formality of this move is evident in the fact that she does not personalize her question as she presents it, but speaks of "the children" as though she were unaware of Wendy's family composition and specific situation. The Therapist's question and Wendy's initial answer constitute subsegment a. The therapist says:

- a.01 Th.: ...allright supposing we do this, let's- let's
do th'review then, uh where we talk about,
th'time- any time during th'last week when
you, and, th'children or any one of the them,
.05 just didn' get along

Wendy begins with a statement which is different from all her previous assessments of past weeks between herself and Nicholas. She says:

- Clt.: ..well, this past week wasn', too bad
Th.: yeah

This is the first of a series of statements in which Wendy builds on the premise that the past week between her and Nicholas went differently than before. As she talks about what was different and why, she becomes, with the therapist's prompting, increasingly more specific, and also progressively closer to describing the technique, although without calling it that. The therapist's response, though, seems off the mark. While she attempts to draw her out about the past week, she generally gives no specific acknowledgements, or only weak ones, of the fact that Wendy is telling her something new, and is demonstrating an understanding of what she has been teaching, which she has not shown before.

Wendy's initial explanation for the change, however, does not credit the therapy, or any new way of behaving on her part. This may be an instance of the paradox of therapy, as she is, in effect denying that the problems she is facing are serious enough to require intervention outside of the normal scope of her life, or that they require her to do something differently. She attributes the change to a visit to her husband. Because of this, she says, Nicholas felt better, and, therefore, behaved better:

Clt.: I guess b'cause we saw 'is father an then
spoke an he felt better

.10 Th.: mmhm

Wendy has said before (see Chapter IV), that her husband is the one who can make Nicholas behave, rather

than herself or her mother. Here she expands on this theme: not only did seeing and talking to his father make Nicholas feel better, but also she complained to her husband and he spoke to Nicholas which made him more attentive.

Clt.: and, that he- and I s- he wasn' listening an,
I had t'keep repeating myself with' im an
everything

Th.: mmhm

.15 Clt.: they has a little talk

Th.: mm ((baby vocalizing here))

Then, beginning subsegment b, Wendy changes direction. She has already implied that Nicholas has been better. Now, with a great deal of difficulty expressing what she wants to say, she tries to correct this impression. Although, in essence, she is complaining, her statement has a different tone from the complaints of previous weeks, since, counterposed to it is the statement that Nicholas's behavior didn't affect her in the same way as it had in the past. For the first time she, rather than the therapist, makes a connection between something positive she has done, and a positive result, the fact that the past week wasn't too bad:

b.01 Clt.: he's- it's- it's not that I- he- c- he- I-
he, he't- he still tried to y'know get away
with things

Th.: yeah

.05 Clt.: but somehow I didn'-..I took it a little
li- more lightly

Paralinguistic cues: very hesitant, has a great deal of difficulty expressing initial thought; emphasis on word "things"; elongates word "didn't," then pauses and corrects self.

Wendy's previous statement on line a.06 introduces a

local proposition, and this statement introduces two more. These are to be invoked throughout this segment. The first is {12}, things didn't go too badly in the past week. The next two are, {13}, is that Wendy took Nicholas's actions a little more lightly, and {14}, that Wendy changed the way she responded to Nicholas. The interaction statement contains the general proposition {Good client-W} Wendy performed well as a client.

Expansion: Clt.: <IV. in the past week, Nicholas still did the things he usually does. For example, he still tried to get away with things, but {14} I didn't respond to him the way I have in the past, by getting very upset. {13} I took his actions a little more lightly, and {connection} for that reason, {12} the past week wasn't too bad.>

Interaction statement: Wendy states that the reason things went better is not so much that her husband influenced Nicholas to behave better, but that {14} she reacted to Nicholas differently than she has in the past. She thereby withdraws her implied slight to the therapy and the therapist, and instead claims that she has acted in a way that the therapist would approve. She thereby claims that {Good client-W} she performed well as a client and is entitled to the therapist's approval.

What Wendy describes is what the therapist has been urging since the first session. However, at least initially, she seems to miss the significance of what has been said. Her response is directed toward organizing her recording of Wendy's answer on the questionnaire:

.10 Th.: that sounds now you're answering the- this question, an that is, was there a time, when you an your child, got along unusually well..and what each might've contributed t' that situation

Although Wendy has talked about Nicholas still doing

the kinds of things he has been doing all along, the therapist interprets what she says as answering the question on the questionnaire which asks for a time when they got along unusually well. Therefore, rather than wait until the question comes up in the sequence, she attempts to fill it in from what Wendy is saying now.

She has asked Wendy to continue with what she was saying, but to direct it to this question, which requires her to describe an incident, and also to say what contributed to things going well. Wendy takes some time to respond, as though she isn't sure what she is being asked. She pauses twice, first for three seconds, then for six seconds more. When she speaks, she does not refer to the therapist's question directly, but continues with what she had been saying. However, her first statement contests the therapist's interpretation about how she and Nicholas had been getting along:

- Cl.t.: ..(3)..well...(6)..we had our differences
like every t- every day- each day
Th.: yeah
.15 Cl.t.: we had our little arguments our little-
where I'd have to, yell at him or-, or
Th.: yeah
Cl.t.: r'peat myself
Th.: yeah
.20 Cl.t.: still it- it didn't really get, out of
hand

Paralinguistic cues: takes several seconds to get started; corrects self twice on "every day"; uses word "little" to minimize the arguments.

Expansion: Cl.t.: <IV. we didn't get along unusually well, we had our differences every day. We had arguments where I'd have to yell at Nicholas or repeat myself. Still {10}it didn't really get out of hand, because {12} I changed the way I responded to

Nicholas.>

Interaction statement: Wendy challenges the therapist's interpretation that she and Nicholas got along unusually well, but claims that, {Connection} because she acted as she did, things didn't get out of hand. She thereby again claims that she has acted according to the therapist's instructions, and is therefore {Good client-W} a good client, and entitled to the therapist's approval.

Now the therapist does respond to the content of what Wendy is saying, and tries to have her be more specific about how she acted differently:

Th.: you didn't, get that upset, thinking of our scale now

Paralinguistic cues: emphasis on word "scale."

Expansion: Th.: <IV. you're telling me that {13} you didn't get that upset. I want you to think of the scale we've used in past sessions, and use that scale to tell me how upset you did get.>

Interaction statement: the therapist acknowledges Wendy's statement that she didn't get that upset. She asks her to do more and specify how upset did get. She thereby assumes her role {Teach-Th} as teacher, and {Lead-th} leader in the session.

Wendy answers the therapist's question, but, as in previous sessions, misses the part dealing with the technique. Her hesitation seems to stem from her trying to respond to a request she doesn't fully understand, and the response she does manage addresses only the portion she understands. It takes her three tries to get started. Then she expands on the therapist's statement that she didn't get upset. At first she seems to be saying that she has been trying to manage her emotions:

.25 Clt.: I- yeah- I didn'- I tried t', be a little calmer somehow

Th.: mmhm

Then she says more. When she felt herself getting angry, she stopped and waited before doing anything. Although she doesn't use the word, this is the first step in the technique. Although neither party notices it, this statement is similar to the one she made in the first session (see Chapter IV) when she announced that she had begun to think before rushing into getting angry. Here, however, she specifically refers to what the therapist had urged in past sessions. She compares this with how she used to act:

- Cl.: ..or I'd, wait, I'd tend to wait like if I-
I told 'im to do something an 'e didn't do it
right away I'd be-
.30 Th.: O (mmhm)
Cl.: I'd jump at him, I'd- I'd-, I'd wait before-
..before I'd, yell at him, or- or ask 'im to
do it again

Paralinguistic cues: repeats and corrects self on "I'd tend to wait"; strong emphasis on word "jump"; stumbles word "I'd"; stumbles on words "before," and "or."

This statement contains a new local proposition, {15}, Wendy waited before yelling at Nicholas or asking him again to do something.

Expansion: Cl.: <IV. along with {13} trying to be calmer, I'd wait. For example, before if I told Nicholas to do something and he didn't do it right away, I'd jump at him, but in the past week, {15} I waited before yelling at him, or asking him again.>

Interaction statement: Wendy describes {14} having changed the way she responded to Nicholas in situations which were likely to get her angry. She thereby again demonstrates that {Good client} she has learned what the therapist taught her, and used it. She is thereby entitled to the therapist's approval.

The therapist's "I see, o.k." comments on the signi-

ficance of what Wendy has said. Then, she again asks for a specific incident to illustrate what Wendy is doing, and possibly to solidify the learning as well. However, she breaks off in mid thought:

.35 Th.: I seee, o.k., why don't we take one of those situations, an describe how- how you went through that process, cause I think that will be helpful Wendy in terms of how you're u:sing th'technique, c'n y'think of one instance where there was a-...

Paralinguistic cues: emphasis on words "I see," "why," "one" twice, and "using"; use of "why don't we," and "I think" as a mitigating devices; use of Wendy's name to establish rapport; breaks off in mid thought.

Expansion: Th.: <IV. I see! What you've just said is important. Now I want you to take one situation which occurred during the past week, and describe how you went through the process that you've described. Doing this will be helpful to you in terms of learning to use the technique.>

Interaction statement: The therapist acknowledges the importance of what Wendy has said. She asks her to relate an incident in which she did as she had described on the grounds that it will be helpful for her. She thereby asserts her role as someone who defines what is important for Wendy and says how to achieve it. She thereby asserts {Teach-Th} her role as one who teaches how to solve problems.

The reason the therapist breaks off is that she realizes that Wendy has given her an answer to another question on the questionnaire. She continues:

.40 ...well maybe that answers this question, was there a time during th'past week when things could've gone badly, but something you did, held it off

Clt.: yeah-

Th.: maybe that's, where that fits

Wendy begins her answer hesitantly. Rather than present an incident, she continues in general terms. She

uses the word "angry," followed by "I guess y'could use the word," as though she were acknowledging for the first time that she has gotten angry with Nicholas. Actually, this is something she has said several times, although always in passing, and never with any elaboration. She says:

.45 Clt.: well I- I was-, I wasn' so
 Th.: mmhm
 Clt.: ..^o(I donno)..(4.5)..I didn' get so, angry,
 //I
 Th.: mmhm
 Clt.: guess..^o(y'could use th'word)
 .50 Th.: mmhm

Paralinguistic cues: hesitates on word "I"; corrects self; I donno barely audible, followed by a pause of 4.5 seconds; corrects self again; emphasis on word "angry," followed by, "y'could use the word," spoken in low voice.

This statement introduces a new local proposition,
 {16} Wendy didn't get as angry as she had in the past.

Expansion: Clt.: <IV. {16} I didn't get as angry as I have in the past. I acknowledge that you could use the word angry to describe my feelings in the past.>

Interaction statement: Wendy {16} states that she didn't get as angry as she had in the past. Since she has heretofore generally avoided the use of the word anger, she thereby now admits that she did get angry with Nicholas in the past, but claims that this is now no longer a problem. She thereby claims both, that she has learned from the therapist and therefore {Good client} has performed well as a client, and {Good mo} that she is a good mother who does not become seriously angry with her child.

The therapist again does not comment on the significance of her use of the word "angry." Instead, she asks her to expand on her previous utterance:

Th.: um..I think y'said something, I've stopped

In her answer, Wendy does not use the therapist's

word, "stopped," but repeats the word she had used before, waited:

Cl.: ..yeah, I waited, I waited-

The therapist adopts Wendy's word, and again asks her to expand on what she had said:

Th.: o.k. yeah yeah, o.k. ..I waited, c'n y'say

Wendy continues, but still in general terms without getting into an incident:

Cl.: I waited t'see if um..t'see how, y'know if he
.55 would do it or he w-, he-, he wouldn' do
it

Th.: o.k.

Cl.: before I,

Paralinguistic cues: corrects self; emphasis on words "do," and "wouldn't."

Expansion: Cl.: <IV. {13} I waited to see whether or not Nicholas would do what I had asked him before I did anything such as yell at him or repeat myself, as I have done in the past.>

Interaction statement: Wendy states that she chose to wait, once she told Nicholas to do something, rather than respond immediately as she had done in the past. She thereby claims {Good client} that she did what the therapist instructed, and thereby is entitled to recognition for doing so.

Rather than continue to insist on an incident, the therapist changes direction, and asks Wendy to distinguish between what she is doing now and her past way of handling similar situations. This question begins subsegment c.

Interestingly, the therapist asks her question as though she did not already know the answer. While this is a tactic commonly used in teaching, the therapist does not give it the emphasis which would be expected if she

wanted to make it clear that she meant to promote Wendy's thinking. While the therapist could be using this as a conscious device to get Wendy to say more than she otherwise would, she might also be trying to avoid taking for granted that progress has been made until she is certain that it has been. The therapist's question is as follows:

c.01 Th.: o.k., is that unusual f'you Wendy, t'- t'
stop like that an to wait

Wendy gives an example, but again a general type of situation rather than a specific incident:

Clt.: yeah usually before I'd like um//as I w's
Th.: mmhm
.05 Clt.: saying Nicholas um, do y'homework..an I'd
wan'im to- t', start doing 'is homework right
away an if he didn't//if he'd, I'd- I'd s-
y'know I'd
Th.: ^o(mmhm)
Clt.: get angry at him as-, start yelling at him
.10 Th.: ^o(mmhm)
Clt.: y'know I, told you that-, s'do y'homework now
Th.: yeah

She returns to her husband, this time as another, rather than the primary, source of the change. Somewhat hesitantly, since she is undoubtedly aware that the therapist is advancing the technique as the primary means of change, she attributes part of her ability to avoid getting angry and yelling to the fact that he spoke to her, and therefore she was a little calmer. In this version, the fact that she was calmer appears as the important change. So far, she has not explicitly said that what she has learned from the therapist was the source of her change. Later on, however, she does attribute the fact that she was able to change to her talking with the thera-

pist, although she does not say what it was about the talking that helped her. She continues:

- Clit.: °(but now I'm..I'm not-, I guess, b'cause, my husband spoke t'me too an, //I felt a little
 .15 Th.: mmhm
 Clit.: calmer so I'm a little more relaxed)

The therapist bypasses what Wendy has said about her husband, and brings her back to what she said before about waiting--the therapist uses her own preferred word, stopping--when she gets angry, to which Wendy quickly, perhaps out of embarrassment at having slighted the therapist's contribution, agrees:

- Th.: o.k., so, y're thinking that--..maybe things went a little better with you b'tween you an Nicholas, because..i-you're stopping now
 .20 before you're//acting
 Clit.: °(yyes)
 Clit.: °(yeah)

By ignoring what Wendy said about her husband and responding instead to her earlier report of waiting before acting with Nicholas, the therapist has established the priority of the technique as the topic of discussion. However, she has also slighted something that Wendy evidently considers important, since she has twice mentioned it. She now acknowledges what Wendy has said about her husband, and by asking whether talking with him was also helpful, asks how much importance Wendy gives it, and therefore how much importance she should accord to it. She says:

- Th.: a:n y'relating that, to maybe being-, because y'had this talk with y'husband this
 .25 week? °(an that w's helpfull or?)

Paralinguistic cues: use of word "maybe"; asks question "and that was helpful, or?" in a low voice, with pronounced questioning intonation, which suggests uncertainty as to how the question will be taken.

The interaction statement contains a new proposition, {Seriously}, the therapist takes Wendy's feelings seriously.

Expansion: Th. <IV. are you relating what you've said about things going a little better between you and Nicholas because you're stopping now before acting, to having had a talk with your husband? Do you consider that helpful?>

Interaction statement: the therapist acknowledges what Wendy has said about her husband, and asks whether that was helpful. to change. She thereby demonstrates that although {Lead-th} she is the leader of the session, {Seriously} she is not ignoring Wendy's feelings. At the same time, since Wendy has already attributed at least part of the change to having spoken with her husband, the therapist thereby implicitly challenges his role in her ability to change.

Wendy has difficulty framing her answer. In the immediately preceeding discussion, she has said two things, 1) that she took Nicholas's actions more lightly and waited before responding to him, and 2) that she was feeling calmer and more relaxed because she talked with her husband. On the other hand, the therapist has shown that she is interested mainly in the first. She acknowledges, by her previous question that Wendy gives importance to having seen her husband. Her "o.k." in the next exchange, however, seems to be acknowledging that Wendy is clarifying something, and stepping back from giving full credit to having seen her husband, rather than the significance to her of having seen him.

Wendy now explains that although she felt calmer having spoken to her husband, that wasn't the reason for her handling Nicholas better, it was that she has been giving herself more time. In her explanation, Wendy now uses the therapist's preferred word, "stopped," in place of "waited," which she had used heretofore. She says:

Clt.: no I f-, I-...^o(not- not a- not that)

Th.: //mmhm

Clt.: I felt..I felt a little, more relaxed,
seein' him an we spoke

.30 Th.: oh k.,

Clt.: b't-,

Th.: o.k.

Paralinguistic cues: initially very hesitant stumbles on first words, then short pause, then speaks in a low voice; uses word "little" to minimize "more relaxed"; stresses word "but"; Therapist elongates first syllable of her "o.k.," then repeats "o.k."

Expansion: Clt.: <IV. no, it's not that (I'm saying that talking to my husband was the main reason things went better). I felt a more relaxed seeing him and we talked about what was going on with Nicholas.>

Th.: o.k. (I understand that seeing your husband is important to you.)

Interaction statement: Wendy denies that she is saying that the main reason for things going better during the past week is that she saw and spoke with her husband. She says that seeing him made her feel calmer. She thereby denies that she is challenging the relevance of what the therapist's sees as important and therefore, {Teach-th} the therapist's role as teacher. The therapist acknowledges the importance of Wendy's feelings for her husband.

Clt.: I wouldn't say 't th't w's..I think it's
b'cause I stopped an I-, I- I gave myself, a
.35 little time

Th.: oh k.

Clt.: to relax in b'tween, b'fore, ijumping at him
again or, y'know-

Paralinguistic cues: stumbles on word "that,"
"followed by short pause; emphasis on words "stopped"
and "time"; word "jumping" pronounced with a jump.

Expansion: Clt.: <IV. but I wouldn't say that was the main reason. The main reason was {15} that I stopped and gave myself a little time to relax before jumping at Nicholas the way I have done.>

Interaction statement: Wendy acknowledges that it was the therapist's method which made the difference. She thereby acknowledges the importance of what the therapist is teaching her, and thereby validates {Teach-th} the therapist as a teacher.

Wendy has now fully described the first step in the technique and attributed to it the past week's improvement. As past sessions have shown, the therapist, when she wants to make a point, has a tendency to lecture. She responds, in her first fairly long lecture of the segment, summing up the situation as she understands it. This begins subsegment d. As she points to the change which has occurred, she emphasizes what hasn't changed, presumably to stress the importance of the one thing which has. However, the effect of her doing this is, paradoxically, to minimize the significance of the change which has occurred. This is so because as she details everything which is still the same, she underscores how much more there is to change.

The therapist's statement, toward the end of her speech, "and you are tuning into the signal," does not appear to fit where it occurs. Tuning into the signal is also a change, but she doesn't label it as such, and, therefore, the thought is left hanging. She may have intended to acknowledge something else which is positive, but leaves the thought unspoken as she goes on to name the

one change she wants to stress. She says:

- d.01 Th.: it sounds like what y'r doing Wendy really is
that-, these same situations are happening
Nicholas hasn't changed you havn't changed life
life hasn't ((slight laugh)) changed a great
.05 deal, th'same kind of situations are coming
up, y'still are getting upset if he's not,
doing what he should do right away, an you
are, tuning into th'signal, but what's
different is that whereas before you acted
.10 out immediately, th't now you're just
stopping..//an giving
Cl.: °(yeah)
Th.: y'self, y'r taking time
Cl.: °(yeah)

Paralinguistic cues: slight laugh on words "life hasn't changed," establishes rapport; emphasis on phrase, "are getting upset, and on words, "signal," and "different."

Expansion: Th.: <IV. it sounds to me from what you are telling me that you are really doing only one thing differently. The kinds of situations which you have been describing since we first met are still happening, and you still are getting upset if Nicholas doesn't do what he should right away. Neither you, nor Nicholas, nor life has changed. You are tuning into the signal, so you are aware of when you get angry. What's different is that {15} before you acted out immediately, but now you're stopping rather than doing anything, and taking time before you act.>

Interaction statement: The therapist sums up the discussion so far, and emphasizes what has not changed, thereby highlighting and giving Wendy credit for the one thing that has changed and at the same time emphacizing the many things which have not. She thereby asserts {Teach-th} her role as the person who, with respect to the relevant situation, defines it, and gives or withholds credit.

Then the therapist asks a question. She appears to be asking something to which she already knows the answer, since Wendy has already said several times that things have become better. Once before, with her earlier question, "is that unusual f'you Wendy, t'stop like that an to wait," she has asked something for which the answer has

already been given not once, but many times. If this is what she is doing, then the meaning of the move is not obvious. It may be a rhetorical device to underscore the point she is making. She may, however, only be asking for Wendy to expand on what she has already said about what happens when she stops and waits. She asks:

Th.: it's, an d'y'fi:ind th't when y'do that, what
 .15 d'y'find, lemme ask, you that, w- what's
 th'result of that when y'take y'r time- give
 y'rself some time

Wendy takes several seconds to think of her answer. Then, with considerable encouragement in the form of "mmhms" from the therapist, she expands on what she had said before. As she goes into more detail about the difference between her old and new way of responding to Nicholas, she mentions several benefits of the new way, as though she were insisting, albeit cautiously, that the change really is important. She says:

Cl.:I find I don't--..like b'fore I'd get very
 upset, an it would get wo:rse somehow like
 Th.: ^o(mmhm)
 Cl.: I'd get ne:rvous
 Th.: ^o(mmhm)
 Cl.: now it's like..I wouldn' s- say relaxed but
 Th.: ^o(mmhm)
 Cl.: I feel um....I don' feel so-, ^o(I can't
 explain it- I can' explain it)....like I f-
 I f- I feel I'm being a little m- fairer
 with him
 Th.: ^o(I see)
 Cl.: and with myself too b'cause I usually-
^o(y'know just get upset n nervous an, I
 feel-,) feel bad with myself afterwards

Paralinguistic cues: very hesitant, many pauses, repeats, "I can't explain it," at several points, speaks in a low voice; emphasis on key words, "worse," "nervous," "feel," "fairer," "bad," and "myself."

This statement contains three new propositions, {Fairer}₁, by waiting rather than yelling, Wendy is being fairer to Nicholas, and {Fairer}₂, By being fairer to Nicholas, Wendy is also being fairer to herself. The third proposition is {Upset}, when she yells at Nicholas, Wendy feels upset. She may also be invoking a proposition from the third session, {Guilty-W}, Wendy feels guilty when she yells at Nicholas, but this is unclear.

Expansion: Clt.: <IV. because {14} I've changed the way I'm responding to Nicholas, I find I don't get upset the way I did. Before, when I would yell at him immediately, I'd get very upset, and things would be worse. Now I wouldn't say I'm relaxed, but I feel that by waiting, {Fairer}₁, I'm being a little fairer with him and {Fairer}₂, with myself too, because now {~Upset} I'm not getting upset and nervous and ({Guilty}) feeling bad with myself afterward the way I used to do.>

Interaction statement: Wendy claims that she is now being fairer to Nicholas and to herself, and therefore has learned something from the therapy. She thereby claims {Good client} that she is a good client. She also claims that, because she is treating Nicholas more fairly, {Good mo} that she is a good mother. A second claim to being a good client is based on her claim that {Fairer}₂ she has been fairer to herself as well, since the therapist has made many statements to the effect that {Task} she has an unusually difficult task as a mother.

The therapist's comment endorses her judgement:

Th.: o.k., y'r giving y'rself a break too it sounds like

Wendy continues, and in repeating what she said makes a stronger statement, although she minimizes her achievement by saying "a little fairer":

.35 Clt.: yes, now i- I don't- I-...I feel I'm bein' a little fairer with him, and I'm not, upsetting myself unnecessarily like I used to

Paralinguistic cues: initially hesitant, then not; minimizing use of "a little fairer"; emphasis on words "fairer," and "used."

The interaction statement contains another proposition, like {Int-th}, introduced in the last chapter, taken from Therapeutic Discourse. This proposition is {Insight} the client should gain insight into his or her own emotions.

Expansion: Clt.: <IV. yes, {Fairer}₂ I am giving myself a break. I feel that {15} because I wait before yelling, I'm being {Fairer}₁ fairer with Nicholas and {~Upset} ({~Guilty}) I'm not upsetting myself unnecessarily the way I used to.>

Interaction statement: Wendy agrees with the therapist that she is giving herself a break. She also demonstrates {Insight} that she has gained understanding of her own emotions. She thereby claims that {Good client} she is a good client and is entitled to the therapist's approval.

The therapist now asks another question which is puzzling because the answer is presumably obvious. Either this is, again, a device to draw Wendy out, or the therapist expects an answer different from the one Wendy gives. This question begins subsegment e. She says:

e.01 Th.: what do you attribute that to Wendy, ⁰(why do you think you've started to do that)

Wendy answers in a low voice, indicating some degree of hesitation. She attributes the changes to talking with the therapist, although she does not specifically say that what she is doing is what the therapist taught her. This omission fits into Wendy's pattern of, wherever possible, avoiding the specific. This gives her the option of what Labov and Fanshel (1977, p. 46) call "deniability," the

ability, if challenged to deny that one has actually said what one is accused of having said. In Labov and Fanshel's example, this is achieved through sarcasm and irony. Wendy achieves the same thing through vagueness. In this instance, for Wendy to claim that she is doing what the therapist taught her lays her open to the risk that she will be told that she is doing it wrong and hasn't learned at all. Although in actuality, the therapist shows no likelihood of doing this, such a strategy is in keeping with Wendy's general cautiousness in speaking.

One indication of the stress Wendy may be feeling in being presented with this question is that, in her answer, she takes a step back from her most recent formulation and only mentions looking at the situation more calmly, rather than specifying waiting, or stopping, before responding to Nicholas. She says:

Clf.: °(well, since I've been, talking to you I
 .05 have been thinking y'know, like..it's not
 all as bad as-, as I used t'look at it..if
 I jus' y'know, really look at th'situation
 a little-, a little, more, calmly)

Paralinguistic cues: speaks in a low voice; emphasis on word, "really."

Expansion: Clf.: <IV. in answer to your question as to why I've changed the way I've been dealing with Nicholas, since I've been talking to you I've been thinking that the situation is not as bad as the way I used to view it. I decided that, if, as we've discussed, I would just look at the it a little more calmly, things would go better.>

Interaction statement: Wendy answers the therapist's question, and indirectly gives her credit for the change by quoting ideas which the therapist has discussed. She thereby both credits {Teach-th}, and

does not credit {~Teach-th} the therapist with inspiring the change. She thereby avoids the risk of being told that she is not doing correctly what she was taught.

The therapist again reviews and restates the effect of the change. She recasts what Wendy has told her in terms of the anger scale, and develops an elaborate metaphor around a thermometer.

The therapist's statement, "something else takes over in the mind," rather than her entire speech, appears to be what sparks Wendy's response at the end this portion of speech. The therapist says:

Th.: °(o.k.), so it sounds like what you're
 .10 saying is that..on that scale, y'visualize
 that scale, something happens, y'get upset,
 th'mercury goes up to a certain point..if
 y'don't stop, an b'gin t'think about it
 th'mercury will continue t'rise an y'could
 .15 blow y'r stack, an act out an do something
 you'll regret an feel terrible about later
 an be unfair an all those negative things,
 but that if you c'n just stop y'rself as
 th'mercury starts t'rise, th't somehow
 something else seems t'take over in th'mi:nd
 Clt.: °(it does)

The therapist continues developing her metaphor and does not pause when Wendy expresses agreement. Wendy's response, barely audible as though not wanting to interrupt, is to the idea, "and it sounds as though [you're saying that] if you stop yourself at a low enough point on the mercury." The exchange is as follows:

.20 Th.: it's interesting, an it sounds as though, if
 y'stop y'self at th'- at a lo:w enough point
 on th'mercury//goodthings seem t'fill y'brain
 Clt.: °(you could say that)
 Th.: good solutions
 .25 Clt.: yeah

The therapist brings her explanation to a certain point, then Wendy takes over, allowing almost no pause between the therapist's last word and her beginning. She shows what she has learned by continuing the explanation and wins the therapist's endorsement of what she says:

Th.: whereas if that mercury gets up too high, very poor solutions, come in

Cl.: it's like you're- y'r out of control an you- can't think

.30 Th.: yeah

Wendy continues. Her next statement, in which she says that she used to be out of control, begins subsegment g. Here, she tentatively talks about hitting Nicholas and hints at the possibility that she may have abused him in the past. She seems, at several points, to be about to say more about what actually happened, but the therapist does not urge her to do so, and without the encouragement she would need to talk openly about these matters, she never gets beyond hints. She says:

g.01 Cl.: °(because I-, I used to be like that with him)

The therapist's initial response is to ask her to expand on what she is saying:

Th.: like- like what Wendy you mean

In answer Wendy very strongly acknowledges past anger and the fact that she used to hit Nicholas. Here, she is being more forthright about her behavior toward him than she has been so far.

Cl.: like you know get very angry with him I'd- I'd, yell at him or I'd-, or I'd hit 'im

Th.: yeah-

Clit.: an I used t'feel bad an it never used t'work

The therapist's response concentrates on the fact that anger, yelling and hitting didn't work, and on the emotional consequences for Wendy, rather than the anger itself or the hitting:

Th.: yeah, so it didn' work f'him an it w's making you feel terrible so you were into were into a vicious s-, cycle

Clit.: ^o(yes)

Having construed the significant element of what Wendy has been saying to be the fact that she has adopted something new, the therapist attempts to paraphrase what Wendy has said, in order to enter it on questionnaire. She has trouble finishing the statement, though, and asks for Wendy's help:

- .10 Th.: yeah, o.k., so i- I'm gonna put down there that um..um....that I've b'gun..t'stop..
when--..when Nicholas upsets me....stopping
..u:h..seems to help me..um, what would you say Wendy, how would you finish that sentence,
 .15 stopping seems t'help me

In her answer, Wendy first completes the therapist's thought:

Clit.:^o(get more control over th'situation)
 Th.: ^o(o.k.)

Then, speaking very hesitantly, in a low voice, and with a significant pause of 5 seconds, she talks about her efforts to gain control over her emotions and to avoid hurting Nicholas. She makes an interesting slip here, saying "I wouldn't hurt Nicholas more than I want to," admitting, thereby, that she might actually want to hurt him. This is the first mention Wendy has made of the

possibility of her hurting Nicholas. The therapist's o.k.s are also in a low voice to blend with Wendy's mood, and the entire discussion from this point to the end of the segment is carried on at a low volume. The text is as follows:

- Cl.: °(whereas I- (I wouldn')....I wouldn' get
that upset an I wouldn't, hurt)
.20 Th.: °(o.k.)
Cl.: °(Nicholas more, than I want to)

Having heard Wendy's answer, the therapist responds to what she is saying about the present rather than what she has implied about the past. She begins to expand on the idea of staying in control, and constructs a new metaphor, comparing strong emotions with a car engine:

- Th.: °(o.k., o.k., so what y'saying y'staying
in th'contro:l zone than by just turning off
the engine really)
.25 Cl.: °(yeah)
Th.: °(s'stop turn off the engine//this car is
going in
Cl.: °(yeah)
Th.: the wrong it's not th'way I want it to go,
stop), I donno where I wanna go, all I know
.30 is I wanna keep going in that direction
Cl.: °(yes)
Th.: °(stop)
Cl.: °(yes)

Then, returning to Wendy's last utterance, she asks for clarification, apparently for the answer she is writing in the questionnaire. She asks whether Wendy has said "hit" or "hurt":

- Th.: °(o.k., o.k- I won't get more angry..at
.35 Nicholas, than I want to....o.k. an perhaps
hurt him..is that hit him or hurt him I don't
remember what you said now)

Wendy's answer includes both possibilities:

.40 Clt.: °(hurt 'im or hit'im)
 Th.: °(o.k., hurt-)

The therapist repeats "hurt," and Wendy immediately attempts to clarify, backing down from what she appeared to be saying before, she says that by "hurt" she meant "hurting Nicholas's feelings".

Clt.: °(sometimes I'd hit 'im and, other times I'd hurt 'is feelings)

The therapist, having identified Wendy as a mild mannered person (see Chapter VI), has not probed beyond her hints that her hitting Nicholas might be more serious than she has said. This time, too, she accepts Wendy's revised answer as a final statement and again does not probe any further. She says:

Th.: yeah i- i- that in any case yeah
 Clt.: °(yeah)

Rather than expanding on this idea, she closes off the topic and by going on to the next question from the questionnaire, ends segment B.

For the first time, in this session, Wendy has demonstrated a command of, at least the first part of, the technique, and, with prompting, is able to describe having used it. This segment moves from a very general statement by Wendy that the past week had not been too bad, to increasingly emphatic declarations that something had changed, and that she was definitely doing something different. Furthermore, she is able to point to a sense in which she is being fairer to Nicholas, and to herself as

well, as the result of this change. She also hints at the depth of past anger, and that hitting Nicholas, she might actually have hurt him, again something she has not said before, although the therapist, possibly fearing the implications of such an admission, does not pick up on the hint.

The therapist's role in this segment is always to push for the technique, although sometimes to the extent of missing what Wendy is actually saying. She leads Wendy through a series of restatements summing up the past week, until she elicits from her a description of having done the first step in the technique. In the remainder of the session, she tries to push her further, to have her use the entire technique.

The next session is the last, with the exception of the posttest, and in that session, it should become apparent what Wendy has learned from the preceeding sessions, and what in the experience has been significant for her and influenced her to change.

CHAPTER X

SESSION SIX

Each of the past sessions has been structured somewhat differently from all others, and this session is no exception. Session six is more conversational than any of the preceding sessions, and the conversation is more balanced. Wendy speaks more than in any previous session, and the therapist speaks less. In this session, the tendency of the therapist to make speeches is very much reduced, and this is the only session in which the therapist does not fall into extended monologues.

This session divides into ten segments, of which I will analyze the fourth, which covers the questionnaire portion of the session. In this session, the preliminary portion, devoted to various kinds of business, is extended. It runs just short of ten minutes, and divides into three segments. Segment A contains a discussion of the scheduling of the posttest session. B is devoted to plans for Wendy to continue counseling with another therapist, and C contains a discussion of Wendy's husband coming home, and of the possibility he might also need counseling, "for readjustment."

It is only in segment D that the therapist makes a transition to the business of the session. She turns to the questionnaire and initiates a discussion of the past week.

Segment D

This segment takes just over eight minutes. In it Wendy describes how things have gone during the past week. She reports that the week has gone much better than before, and in fact has been exceptional.

The therapist makes the transition into the session proper when she starts to announce that they will now do the questionnaire. However, she breaks off. Her "typical ri-" seems to be a comment, although a mild one, on beginning with the questionnaire. It seems to suggest that another way of beginning might under some conditions be preferable. She begins again but seems undecided about whether this is what she wants to do, and breaks off. Only after four tries does she hit on the way she wants to open this part of the session. She has neglected to ask Wendy if there is something she might want to begin with, and this is what she settles on.

The therapist's opening begins the first subsegment of segment D. She says:

a.01 Th.: ...o.k., now th'wayy, typical- ri::- th'way we usually begin, i::s to- unless there's something else th't you wanna-, to begin with especially

Paralinguistic cues: corrects self twice and comments on what she is saying before beginning; corrects self again after changing direction; emphasis on word "typical," elongates words "right," and "is"; rising tone on, "especially" invites Wendy to speak."

Expansion: Th.: <IV. now {Lead-Th} I am going to change the topic so that we can begin the actual work of the session. We'll begin the way we always do, with the questionnaire--we always do it this way even though we could so other things. {Seriously} I should have asked you if there's something important you want to begin with.>

Interaction statement: the therapist, as leader in the session {Lead-Th}, announces that they will now move to the work of the session proper. She begins to announce that they will do the questionnaire, but stops herself, and asks Wendy if there is anything that she wants to begin with. She thereby {Seriously} demonstrates that she takes Wendy's feelings and concerns seriously.>

Wendy's answer, that she sees an improvement in Nicholas, is the strongest positive statement about his behavior for a past week that she has made so far. It is also the first time she has opened with so essentially positive an assessment. Even so, it is not expressed readily. It is as though she does not want to overstate the case and give Nicholas too much credit, since he is obviously still doing things that bother her. There is a twelve second pause before Wendy says anything, and as soon as she makes her assessment she begins to qualify it. This begins a kind of seesawing between positive statements about Nicholas and criticism of him which runs through the segment. I have broken Wendy's statement into two parts, the positive opening, and the qualification. The text of the first part is as follows:

Clt.: ..(12)..well..a- I wanna say what I c- what I
 .05 could see
 Th.: O (mmhm)
 Clt.: an improvement in Nicholas,

Paralinguistic cues: 12 second pause before speaking; "well," followed by a second shorter pause; stumbles on word "could."

Wendy's statement, contains a new local proposition, {17}, in the past week, Wendy sees improvement in Nicholas.

Expansion: Clt.: <IV. since you ask, there is something I want to say. In the past week, {14} I have seen an improvement in Nicholas.>

Interaction: Wendy answers the therapist's question and reports {17} that she has seen an improvement in Nicholas in the past week. She thereby {Good client-W} asserts that she is a good client because she has reported improvement.

Following a brief pause, Wendy next refers to complaints she has made in the past, although she is not directly making a complaint now. The therapist's "hardheaded," which overlaps Wendy's use of the term, functions to underline a characterization of Nicholas which, as she explained in the playback session, she saw as nonpejorative. The exchange is as follows:

	Clt.:	...he's still, //hard
		headed
	Th.:	hard headed
.10	Clt.:	y'know I still have t' tell 'im things // once
	Th.:	o (mmhm)
	Clt.:	or twice but
	Th.:	o (mmhm)

Then she repeats that there is a change, and dates the bad period to a month ago, just before she began counseling:

.15	Clt.:	like..that state that I-, that he was gettin
		inta, that I- I <u>ssaw</u> in him
	Th.:	mmhm
	Clt.:	a month ago
	Th.:	o (mmhm)

Wendy's next two statements come with considerable difficulty. She says, after many false starts, as though not wanting to misstate the case, that she sees him as being more confident:

Clt.: ..he- it's- it's- it's not- I could seee if

.20 he's being more confident somehow
Th.: °(mmhm)

After a pause of four seconds, she gets stuck again, and has trouble deciding on what she wants to say. When she does get the idea out, the reason for the hesitation becomes apparent. She is talking about hitting Nicholas, a sensitive subject for her. Nevertheless, she attributes a change in Nicholas to a change she has made:

Clt.: ..(4)..°(I- I dunno, if I'll be able t'explain
this right
Th.: °(mmhm)
.25 Clt.: but, he's more like a:-...a more happy child to
me I c- I could say..I guess because I'm not
hitting 'im as much as I used to
Th.: °(mmhm)

Paralinguistic cues: pause of four seconds before speaking; begins speaking in a low voice; elongates "a," then breaks off followed by a short pause; stumbles on "I could say," followed by a short pause; uses expression, "I guess," which distances her from the idea she is about to express.

This statement introduces the proposition, {~Hit-W} Wendy no longer hits Nicholas as much as she used to, and the local proposition {18} Nicholas seems like a happier child now.

Expansion: Clt.: <IV. This is something which is difficult for me to explain (since it involves my hitting Nicholas, and I don't want to indict myself), but in the past week, {18} he has seemed like a happier child to me. (Although I don't like the fact that it implies that the reason for his being unhappy was that I was hitting him so much), the reason for his being happier is {Connection} that {~Hit-W} I'm not hitting him as much as I used to.>

Interaction statement: Wendy continues her answer to the therapist's question and offers an explanation for {17} the improvement she has seen in Nicholas. She states {18} that he is a happier child now, and {Connection} takes credit for the change, thereby showing that {Good client-W} she is putting what she is learning in the therapy into practice, and that therapy is having good results. She skirts the implication that the reason for his having been unhappy was that she was hitting him

excessively. She thereby advances the claim {Good mo} that she is a good mother because she has treated Nicholas well.

Wendy reports another change she has made, that she tries to talk to him. Then she returns to something close to criticism, and says that she isn't sure her efforts are being reciprocated. However, it isn't clear what she means by talking to Nicholas. She may be describing the kind of telling him what to do when it is already apparent that he doesn't want to do what she wants, that she has she has already reported. If that is what she is referring to, it would explain why he isn't listening. This statement is, again, made in a hesitant way, and in a low voice:

Cl.: °(and I- I try t'talk t'him even though sometimes
 .30 I think he..is not listinin' but maybe he is I
 dunno)
 Th.: °(yeah)

Paralinguistic cues: speaks in a low voice; stumbles on "I;" use of "sometimes" to mitigate what follows; short pause before "is not listening; emphasis on "maybe," followed by "I dunno," which further weakens the force of what she says.

This statement introduces a new proposition, {Talk} it is better to talk to a child than to hit.

Expansion: Cl.: <IV. besides not hitting Nicholas as much as I used do, I also {Talk} try to talk to him, even though I think {~Listen-N} he isn't listening. However, because I think you don't like me to say that he doesn't listen, I'll concede that I might be wrong, and he may be listening.>

Interaction statement: Wendy continues answering the therapist's question, and continues explaining {17} the improvement she sees in Nicholas. She claims that she tries to talk to Nicholas, thereby soliciting the therapist's approval as someone who tries to do what the therapist would approve of, and as {Good mo-W} a good mother who talks to her child rather than hits him {~Hit-W}. She adds that she does this even though she thinks he isn't listening, thereby reinstating her earlier

complaint {~Listen-N} Nicholas doesn't listen, and possibly negating {17}. She thereby reinforces her claim to being a good mother, since she does this in spite of her getting no adequate response, and thereby demonstrates {Task} that she has an unusually difficult task as a mother. She thereby solicits the therapist's sympathy, but at the same time questions whether her efforts, and therefore, the therapy, are doing any good. She then qualifies her statement by saying that maybe he is listening, thereby seeing something positive in Nicholas, and partly negating her complaint {~~Listen-N}. She thereby, again, claims {Good mo} that she is a good mother, {Talk} who talks to, rather than hits her child.

The diagram on the following page displays the interactional content of Wendy's utterance.

She is about to say more, but the therapist breaks in and uses a cliché to normalize her doubt:

Cl.: °(but)-
 Th.: I guess we never do know, for absolute certain
 .35 but..it's//worth a try
 Cl.: yeah

Paralinguistic cues: therapist breaks immediately after Wendy's, "but;" uses expression, "I guess" as mitigation; emphasis on word, "absolute" strengthens statement; uses cliché expression, "it's worth a try," as mitigation as well as to encourage.

Expansion: Th.: <IV. we never do know for absolute certain whether a child is listening to us, but if there's a chance that talking will work, (and I believe it will) then what you have been doing is worth a try because {Talk} talking is better than hitting.>

Interaction statement: the therapist assumes her {Teach-th} role as teacher and explains that we never absolutely know whether children are listening, but talking rather than hitting is worth a try. She thereby presents Wendy's doubts as normal and encourages her to continue what she is doing. She also thereby praises her for making an effort.

Wendy agrees with the first part of the therapist's statement, but draws on its negative, rather than positive implications. She reinstates her complaint from the beginning of the therapy about Nicholas not listening. However,

Text:

AND I- I TRY T'TALK T'HIM

Interaction:

Wendy continues answering the therapist's question, and continues explaining {17} the improvement she sees in Nicholas:

- A. She claims that she tries to talk to Nicholas,
 - 1. thereby soliciting the therapist's approval as
 - a. someone who tries to do what the therapist would approve of, and
 - b. as {Good mo-W} a good mother who talks to her child rather than hits him {~Hit-W}.

Text:

EVEN THOUGH SOMETIMES I THINK HE..IS NOT LISTENING

Interaction:

- B. She adds that she does this even though she thinks he isn't listening, thereby
 - 1. reinstating her earlier complaint {~Listen-N} Nicholas doesn't listen, and possibly
 - 2. negating {17}. She thereby
 - a. reinforces her claim to being a good mother, since she does this in spite of her getting no adequate response,
 - b. and
 - 1) thereby demonstrates {Task} that she has an unusually difficult task as a mother. She thereby
 - a) solicits the therapist's sympathy, but at the same time
 - b) questions whether her efforts, and therefore, the therapy, are doing any good.

Text:

BUT MAYBE HE IS, I DUNNO

Interaction:

- C. She then qualifies her statement by saying that maybe he is listening, thereby
 - 1. seeing something positive in Nicholas, and
 - 2. partly negating her complaint {~~Listen-N}. She thereby,
 - a. again, claims {Good mo} that she is a good mother, {Talk} who talks to, rather than hits her child.

the context in which she is making this complaint, that she has just said that she has seen an improvement in Nicholas, lessens the force of the complaint considerably.

Cl.: yeah I sometimes I do get the impression that
 y'know he don' care what I-, what I say
 Th.: ^o(mmhm)

Paralinguistic cues: uses words, "sometimes," and "impression" to mark the fact that this is a contrary-to-fact clause; uses "y'know" to set off clause as a sort of quotation; stumbles on "what I say."

Expansion: Cl.: <IV. I agree that we can never be absolutely certain that a child is listening to us, and sometimes I get the impression that Nicholas doesn't care what I say.>

Interaction statement: Wendy expresses agreement with the therapist's statement that we can't be absolutely certain that a child is listening to us, but draws the opposite implication from the one intended, that Nicholas is not listening. She thereby reinstates {~Listen-N} her complaint about Nicholas, and thereby challenges the second part of the therapist's statement that talking is worth a try.

She pauses for three seconds, and then completes her statement, giving Nicholas credit, but not completely. She is willing to give him the benefit of the doubt, but wants some acknowledgement from him for her efforts:

.40 Cl.: but..(3)..I think sometimes he do, understand
 what I'm saying but he just doesn't--..so o.k.
 alright then y'know tell it t'me I do
 understand Mommy
 Th.: ^o(mmhm)

Paralinguistic cues: pauses for three seconds; use of words "I think," and "but he just doesn't," express doubt; use of word "sometimes" weakens statement, but emphasis on word, "do" strengthens it; short pause after "doubt," then corrects self; quotes self in hypothetical statement to Nicholas, and him in hypothetical answer; grouping of particles together, "so, o.k., alright, then, y'know," expresses exasperation.

Expansion: Cl.: <EV. (C.) I think sometimes Nicholas does understand what I'm saying to him, but he just doesn't show it. I'd like to say to him,> <F. "so o.k., alright then tell it to me. I want to hear you say, 'I do understand, Mommy.'">

This statement introduces the proposition {Positives-W}

Wendy looks for positive things in Nicholas.

Interaction statement: Wendy concedes that she thinks that sometimes Nicholas may be listening to her, she thereby demonstrates {Positives} that she looks for positives in Nicholas, thereby demonstrating {Good client-W} that she is cooperating with the therapist in doing so. In so doing, she also thereby demonstrates {Good mo-W} she is a good mother. She then expresses exasperation that Nicholas doesn't let her know her that he is listening, thereby reinstating her claim that {Task} she has an unusually difficult task as a mother.

Then, after a false start and another pause, she finishes her assessment with a positive statement:

.45 Clt.: ..but he's a lot more-..(4.5)..he's more happy somehow

Paralinguistic cues: breaks off, then pauses for four and a half seconds; voice trails off on first "more"; emphasis on word, "happy;" use of word, "somehow" expresses question and weakens force of statement.

Expansion: Clt.: <IV. even though I'm not sure whether or not he is listening to me, Nicholas is a lot happier lately.>

Interaction statement: Wendy balances her negative statement about Nicholas with a positive one. She thereby demonstrates {Positives-W} that she sees positives in him, and therefore {Good mo} is a good mother. She demonstrates that therapy is having good results, and thereby that {Good client} she is a good client. She thereby asks for the therapist's approval.

The therapist's "that's interesting," followed by Wendy's and her almost simultaneous "yeah's" creates a transition to subsegment b. The two "yeah's" also express a joint agreement that the statement is true, and Nicholas is happier now:

Th.: that's interesting
Clt.: yea//h
Th.: yeah...

The therapist's request for her to elaborate on her last statement begins the new subsegment:

b.01 ...how d- how d'y'see it Wendy what's the evidence for that

Paralinguistic cues: stumbles on "how d'y see it;" elongates "see;" repeats question in a different and stronger form; speaks in a soft voice which mitigates statement."

Expansion: Th.: <IV. I want you to tell me more about Nicholas being happier.

The interaction statement contains a proposition based on her description of her intention for Wendy, stated in a playback session. She said that she wanted to make her a scientist of her own behavior. Here, since she is also talking about Nicholas, the new proposition, therefore, is {Scientist} Wendy should be a scientist of her own and Nicholas's behavior.

Interaction statement: The therapist requests information on how Wendy sees Nicholas as being happier. In so doing tries to {Teach-th} teach her {Scientist} to look for specific evidence for her judgments.

Rather than evidence for why she sees him as happier, Wendy offers an explanation which again involves something she is now doing differently:

- Clt.: ..(4)..well..I think mai:nly-..well before-
it's- I didn' have much time for him too, and..
.05 he likes to talk a lot sometimes y'know
 Th.: O(o::h)
Clt.: and then he- I guess he think maybe, I don'
 wanna hear what 'e has t'say, y'know I a I'm
 busy all th'time I'm//always doing something
.10 Th.: yeah
Clt.: ..and sometimes I tell 'im I s-, y'know Nicholas
 could you-, could you tell me later, let me just
 finish this now y'know an he- he prob'ly think
 I don' wanna hear what 'e has t'say
.15 Th.: O(o.k.)
Clt.: but now, like, even sometimes, I don' hear what
 he's sayin', I tell 'im go'head Nicholas I'm
 listeni:ng, y'know an I'll, be do- an sometimes
 I don' hear th'fu:ll story
.20 Th.: yeah

She concludes her explanation with a statement that she

wants Nicholas to know that she is available for him:

Cl.: y'know but I just wan'im t'know that, y'know..I
have- I'm I'm li:ssstening

The therapist restates what she has just said as a
partly humorous message for Nicholas:

Th.: there's time for you Nicholas
Cl.: yess
.25 Th.: yeah, you're important, you're way up in the
list you're at least as important as th'dishes

Paralinguistic cues: humorous understatement.

Expansion: Th.: <IV. From what you have just told me I
conclude that you are telling Nicholas> <F. I have time
for you, and you are important to me; you are high on my
list of priorities, at least as important as the dishes.>

The therapist's statement invokes the proposition
introduced in the third session, {Priority}₁, Nicholas's
needs should be a priority for Wendy. This is a more general
statement of {Priority} introduced in the second session.

Interaction statement: The therapist {Teach-th} restates
what Wendy said in the form of a humorous exaggeration of
her situation. She thereby minimized the implication for
Wendy of her past behavior toward Nicholas, but at the
same calls attention to it. She thereby instructs Wendy
that {Priority}₁ Nicholas's needs should be a priority
for Wendy.

Wendy laughs with the therapist, and announces that
she's changed in the area they are talking about. Before she
would put Nicholas off, but now no longer:

Cl.: ((laughs))right I've changed that, y'know
whereas before//I used t'say later Nicholas,
y'know
.30 Th.: yeah
Cl.: now-//now I- y'know I let'im go ahead..I let
Th.: yeah
Cl.: 'im talk,...

Paralinguistic cues: laughs; emphasis on "changed,"
"ahead," and "Talk."

Expansion: Clt.: <IV. I agree, Nicholas is more important than the dishes. I've changed my past practice of paying more attention to household chores than to him. Whereas before, I used to tell him <F. I'll pay attention to you later, Nicholas> <IV. now I let him go ahead and talk to me.>

This statement gives the new proposition {Changed-W}, Wendy has changed the way she treats Nicholas.

Interaction statement: Wendy shares therapist's humor. She expresses agreement with the therapist's proposition {Priority}₁ Nicholas's needs should be a priority for Wendy. She asserts that {Changed-W} she has changed the way she treats Nicholas, and that now {Priority}₁ she has made Nicholas a priority over other things. She thereby claims that {Good mo-W} she is a good mother for making her child her priority, and {Good client-W} she is a good client because she is doing what the therapist had urged her to do.

She pauses, and beginning subsegment c, goes on to a related subject, she reports that she and Nicholas made a deal:

c.01 ...and..(2.5)..we made a deal//y'know
Th.: °(mmhm)

In her explanation to him, Nicholas becomes, as before, the focus of the problem. She tells him that she has been seeing "this lady" because of the problems she has been having with him.

Clt.: I- I tell 'im- I s'd y'know- I explained to him
Th.: °(mmhm)
.05 Clt.: y'know that I was seeing this lady because
Th.: °(mmhm)
Clt.: y'know d', problems I was having with 'im an
other people were, complaining too much about//
him
.10 Th.: °(mmhm)

Paralinguistic cues: sets off quote of herself talking to Nicholas with "y'know" before and after; emphasis on words, "seeing," and "problems."

Expansion: Clt.: <EV. (D.) and I told Nicholas that I was> <F. seeing this lady because {Tr-N} of the problems> <EV. (D.) I was having with him, and other people were

complaining about him.>

Interaction statement: Wendy describes her conversation with Nicholas and says that told him that she was seeing a lady because of the problems she was having with him. She thereby refers to the therapy as a means of helping her with her problem, thereby demonstrating that {Good client-W} she is a good client who takes therapy seriously, thereby asking for the therapist's approval. She also thereby {Locus-N} makes Nicholas the focus of the problems, and thereby negates {Connection}, the proposition that there is a connection between the way Nicholas is treated and the way he behaves. She thereby relieves herself of responsibility for contributing to the problems, but, thereby, challenges the therapist who had put that proposition forward.

In giving the purpose of the deal, the one thing she mentions is to avoid hitting him. She has already mentioned hitting in this session; it is clearly on her mind and important to her. She reports that she told him she doesn't want to hit him, and asked for his help.

Cl.: so, I said-, I told 'im- I said Nicholas, I never wanted t'hit you, an I still don' wanna hit you..but, you have to- you have t'help me, //y'know
 .15 Th.: O (mmhm)

Paralinguistic cues: corrects self twice; emphasis and rising tone on "wanted," and on "don't" suggests frustration, stumbles on, "you have to;" uses, "y'know" for emphasis.

This statement introduces the propositions {~Control-W}, Wendy can't completely control Nicholas, and {Co-op}, Wendy wants Nicholas and herself to work together.

Expansion: Cl.: <EV. (D.) so in order to do something about the problems, this is what I said to him,> <F. Nicholas, {~Hit} I never wanted to hit you (but {Forced} I havn't had any other way to handle the problems I've been having with you). I still don't want to hit you, but {Co-op} you have to help me.>

Interaction statement: Wendy describes the way she spoke to Nicholas. She expresses frustration with the way he had been acting and with her need to hit him, and offers him a way to change the situation. She thereby demonstrates that {Good mo} she is a good mother who 1) {~Hit-W} doesn't like to hit her child; 2) {Co-op} doesn't simply impose her wishes on her child but tries to work together with him. She also demonstrates {~Control} that she needs his help since she isn't completely in control of the situation.

She says that she asked him to meet her half way, and for the second time says that she offered him a deal:

Clt.: ..what y'have to..meet me half way, y'know, so
we're gonna make a deal I told//him,...
Th.: ⁰(mmhm)

Paralinguistic cues: emphasis on words, "meet," and "deal."

Expansion: Clt.: <F. what you have to do to help me is meet me half way, so we're going to make a deal.> <EV. This is what I told him.>

Interaction statement: Wendy continues describing her conversation with Nicholas. She says that she told him she wanted him to meet her half way, and that they were going to make a deal. She thereby demonstrates {Reas-W} that she is a reasonable person.

She goes on to describe the deal she offered him, which turns out not to be a deal at all, but, since it isn't something about which a seven year old could realistically have any choice, an instance of an adult telling a child what she is going to do. She seems to want to find her way to a relationship with Nicholas based on cooperation, but without knowing how. Although there is no mention of this now, in the second session she described a similar "deal" which the therapist labeled then as unrealistic. She says:

Clt.: ...I said if
you-, if you do what I tell you y'know an don'
let mee..have t'yellatyou
20 Th.: ⁰(mmhm)
Clt.: or r'peat myself too often..the:n, everything

will be fine y'know..an I won't have to hit you
no more n have t'yell at you,...

Paralinguistic cues: corrects self at, "if you"; "do what I tell you" is followed by, "y'know" for emphasis; uses, "too often" to mitigate what comes before; runs "yell at you" together; emphasis on "fine," followed by "y'know" for further emphasis; emphasis and on, "hit."

Expansion: Clt.: <EV. (D.) this is the deal I offered Nicholas. I said to him,> <F. if you do what I tell you, {Obey} and don't let me have to yell at you or repeat myself too often (because {Reas-W} I realize it's normal to have to repeat myself sometimes), then everything will go fine, and I won't have to hit you any more or yell at you.>

Interaction statement: Wendy describes the deal she offered to Nicholas. In so doing, she portrays herself as {Reas-W} reasonable in asking only for what's right, {Obey} that Nicholas obey her, but not asking for instantaneous obedience which would be unreasonable. She also shows herself to be {Co-op} the kind of mother who tries to work together with her child.

In reporting Nicholas's response, she does not convey much enthusiasm on his part for the deal:

Clt.: ...so he just said
.25 o.k., a little

However, she supplies an evaluation of the deal she's described, and in doing so, demonstrates an appreciation of Nicholas's limitations as a seven year old child, which she did not show before. She also recognizes the effort he has been making:

...but, he's just a kid 'e can't
completely, hold out on his deal I know that
Irealizethat..but he's been tryin', I could- I
could tell, I could see
Th.: O(yeah)
.30 Clt.: especially this past week

Paralinguistic cues: emphasis on "kid," "know," "tryin'," and "tell;" adds "I realize that," immediately following "I know that," to emphasize that she understands Nicholas's limitations;"runs together "I realize that;" adds "I could see" after saying "I could tell."

Expansion: Clt.: <Iv. I offered Nicholas a deal, and everything between us would be fine if he could keep his part of it, but I realize that he's just a kid, and is too young to be able to do that. However, I can tell that he's been trying to keep his part of the deal, especially this week.>

This statement introduces the proposition, {Age} a parent should take a child's age into account.

Interaction statement: Wendy comments on the deal she offered Nicholas. She explains that she understands that he is too young to keep his part of the deal. She thereby demonstrates that she knows that {Age} a parent should take into account a child's age. She adds that he has been making an effort to keep his part of the deal, thereby demonstrating that {Positive-W} she looks for positive things in Nicholas, thereby demonstrating {Good mo-W} she is a good mother who does these things, and thereby asks for the therapist's approval, since she has told her things she is likely to approve of.

Wendy's statement that Nicholas has been trying, a very different kind of assessment of Nicholas's behavior than a few weeks before, closes off the story of the deal and with it the subsegment. The therapist's response begins subsegment d.

In response to what she has heard, the therapist's voice becomes somewhat louder than before, as she expresses her enthusiasm, and asks for more information on what she identifies as "something positive to report." She relates what Wendy has been saying to the questionnaire, and then ends by stressing the difference between now and the past. She says:

d.01 Th.: yeah, can we talk about then, b'cause it
sounds like y'have something positive..t'report
uh about th'last week..between you an Nicholas,
.05 what you're saying is..well this question was
there a time during the last week when you and
Nicholas, got along unusually well..ah so it
sounds like what you're saying is iiit's
different, there's something different

Baby ?: ((expelling breath))

The baby, Michael, has apparently just finished a bottle. The therapist notices, leaves off what she has been saying, and suggests getting more food for him. This leads to a brief exchange around the baby, which constitutes a sub-subsegment within subsegment d:

- .10 Th.: I think it's time to a-((laughs)) to get more
food for this ((laughs)) young man ((breath)),
 //o::h
 Clt.: ((laughs)) (could use up) another bottle
 Th.: o::h ye:ah, oh, he's just growin'
 Clt.: °(I gotta get'im more a th'water, y'know)
 .15 Th.: ..(4)..°(yeah)

It is Wendy who brings the discussion back to the topic. She returns to the therapist's request for her to expand on what she has been saying, and offers an assessment of the past week very similar in form to the one she provided at the beginning of the segment. She says:

- Clt.: °(well)..(3)..I wouldn't say we like, had one
exceptional day//were everybody was fine
 Th.: °(uhuh)
 Th.: mmhm
 .20 Clt.: it- it wasn't like that, we had//our little
 Th.: °(mmhm)
 Clt.: differences each day
 Th.: mmhm

She continues her summing up of the week, and although she expresses reservations, ends on a positive note:

- .25 Clt.: but, i's that-..I didn't I foun' myself this pas'
 week where..somehow a- things like went a
 little easier for me
 Th.: °(mmhm)

Wendy next says that she has been tired the past week. This mention contrasts with statements of the first and third sessions, when being tired was presented the reason for her inability to deal with Nicholas's misbehavior. Here it was

not. The therapist comments sympathetically that she has been working and naturally is tired. Wendy does not respond to the therapist's expression of sympathy, since being tired is not her real point and she wants to get on to something else. The exchange is as follows:

- Clt.: even though I was very ti:red, an I still had
t'do my same//share-
.30 Th.: yeah you've been working
Clt.: share of everything
Th.: yeah

Wendy's next statement offers an evaluation which attempts to put tiredness in it's place. Although she was tired from work, all the yelling she was doing made her that much more tired until she became fed up, possibly, it isn't entirely clear, with herself for yelling. She says:

- Clt.: but, °(I think somehow before, when I used t'do
so much yelling- ix- I was- be exhau:sted like
.35 from it, I'd be so), moreorless like..fed up,
y'know
Th.: yeah

Then she reports an important change, she doesn't have to do that much yelling--she doesn't mention hitting-- any more. She says:

- Clt.: °(like, now I- I- I don't have t'do that much
yelling any more with him..and)

The therapist comes in before Wendy finishes her explanation. She starts off speaking in a low voice to match the tone of Wendy's last utterance, and begins to ask her to expand on why she doesn't have to do that much yelling. She stops herself though, and changes direction. Speaking in a louder voice, she emphasizes the positive, the fact that the week went nicely:

.40 Th.: °(I wonder what?, how that a:ll?)-, what you're saying is that y'did have- last week, it did go nicely between th'two of you, except when y'had ups nd downs

Cl.: ye:ah

Paralinguistic cues: speaks in a low voice at first to match Wendy's, then when changes direction, speaks in a louder voice; emphasis on word, "did."

Expansion: Th.: <IV. I wonder what changed so that you don't have to do that much yelling any more- The important thing is that you're saying is that last week, except for some ups and downs, it did go nicely between the two of you.>

Interaction statement: the therapist {Teach-th} first asks {Scientist} Wendy to look into what happened during the last week and say what it was that changed so that she now doesn't have to do as much yelling. She thereby asks for her to state {Connection} the connection between {Change-W} the change in her behavior toward Nicholas, and his behavior, so that she will understand it more fully. She breaks off and changes direction, thereby changing the point that she is making. {Define th-} She restates what Wendy had said, and emphasizes the fact that things did go nicely for Wendy. She thereby reinforces Wendy's judgement that things went well between herself and Nicholas. She thereby {Teach-Th}, encourages Wendy {Positive-W} to think positively of Nicholas.

Then, continuing to stress the positive, she offers an assessment of the week, to which Wendy agrees:

.45 Th.: but overa:ll, it was a pretty good week

Cl.: yeah

Th.: for you...

There is a brief pause, following which the therapist attempts to summarize the reason why the week went so well. This leads to a discussion which makes up the next subsegment, e, about why it did go well. The Therapist attributes the success of the week to Wendy's not yelling so much. She says:

e.01 Th.: ...d'you- and-, so what y're saying is that your contribution t'that nice-, general an

nice state- state of affairs is that, you're saying I didn't, yell..so much

Paralinguistic cues: self-interruption; "emphasizes, "that," and "Yell."

Expansion: Th.: <Iv. and so from what you have been telling me, I take it that you are saying that your contribution to that generally nice state of affairs between you and Nicholas is that you haven't been yelling at him as much as you have done in the past.>

Interaction statement: The therapist {Teach th} {Define th} restates what Wendy has been telling her. She emphasizes {Connection} that Wendy's contribution to things going well was that she didn't yell as much as in the past. She thereby {Teach th} reinforces her message that there is a connection between the way Nicholas is treated and the way he acts.

Wendy's "no" is to the therapist's statement that she didn't yell, rather than to her whole idea. The therapist then repeats her point. The exchange is as follows:

.05 Clt.: °(no)

Th.: so that was your contribution, that's why things went e- better between th'two of you..°(yeah)

Although Wendy has earlier said that Nicholas was happier and more confident because of a change she had made, not hitting him as much. She now contradicts the therapist, and says she doesn't see herself as the reason for the good week. Rather, she attributes it to Nicholas, his behaving differently. In taking this position, she is speaking positively about Nicholas, as the therapist has been encouraging her to do. However, the implication remains that if he was responsible for the week going well, then he has also been responsible for previous weeks going badly, and that Wendy's ability to influence the situation has been minimal, she therefore implicitly rejects what the therapist has just said about the connection between her behavior toward Nicholas and

his toward her.

As soon as Wendy begins to voice her disagreement the therapist comes in before waiting for her to finish. She has been emphasizing Wendy's role in influencing what happens at home, and this is an issue in which she is now strongly involved. Nevertheless, the quality of her voice is less challenging than questioning. She stops herself, though, and allows Wendy to go on, which she does, somewhat hesitantly, and answers her question. The therapist's "o.k." accepts Wendy's answer for now. The exchange is as follows:

- Cl.: I didn' look at it like that b'cause//I didn' yell
 .10 Th.: oh, well how, yeah
 Cl.: ..I guess because..I was looking in it- alit- on his side that, y'know
 Th.: oh.k.

As she continues her answer, Wendy, very likely because she is disagreeing with the therapist, has difficulty expressing herself. After several false starts, she says that the reason it was a good week was that Nicholas was trying to be nice to her. She says:

- Cl.: ..he//um I g- he
 .15 Th.: yeah
 Cl.: w- I guess he was trying to- to be- be- t'be nice, t'me..as he puts it//()
 Th.: yeah

Paralinguistic cues: corrects self several times before starting; strong emphasis on word, "trying;" stumbles on "to be;" emphasis of, "nice."

Expansion: Cl.: <IV. the way I saw it, the reason why things went better between us this week was that Nicholas was trying to behave better,> <F. "to be nice to me,"> <IV. as he puts it.>

Interaction statement: Wendy rejects the therapist's attribution of the success of the past week {Connection}

to her contribution, not yelling as much. She attributes it instead to {16} a change in Nicholas's behavior. She thereby claims {~Control} that she really cannot control Nicholas's behavior.

Then she says that because Nicholas was trying to be nice to her, she didn't have to discipline him the way she usually does, but she gets lost in what she is trying to say, and simply characterizes the past week as "exceptional," an evaluation which goes far beyond any positive statements she has made thus far:

Clt.: ..and..I find myself- I- I-, I wouldn't have e-,
 .20 I wouldn't have to, go on in my way t'..I dunno
 it was-, was an exceptional week though, it was
 li:ke

The therapist tries to help Wendy to pin down what it was about the week that made it so good. She suggests some possibilities in the way Wendy might have related to Nicholas. The possibilities she suggests are all variations of the idea that she paid more attention to him. She says:

Th.: ..y:ea:h, are y'saying..that last week what
 you did- your contribution t'making things
 .25 ni:ce..wa:s that you looked at things from
 Nicholas's?-...o- or you were observant about
 ho:w- what he was doing ur, how he was trying
 or y'noticed him more

Paralinguistic cues: elongates yeah; emphasis on word "saying," and "you," nice," "observant," and "noticed;" corrects self.

Expansion: Th.: <IV. Are you saying that that the reason the week went well is that you looked at things from Nicholas's point of view, or that you were observant about what he was doing, or how he was trying, or was it that you simply noticed him more.>

Interaction statement: {Teach th} The therapist asks Wendy to specify her contribution to making things nice. She offers three alternatives, 1) that she looked at things from Nicholas's point of view, 2) that she was more observant of her own treatment of him, or 3) that she noticed him more. She Thereby again stresses

{Connection} that there is a connection between the way Nicholas is treated and the way he acts, and thereby {Control} rejects Wendy's contention that she has no control over how Nicholas acts. She thereby also {Teach-th} instructs Wendy how to be {Scientist-W} a scientist of her own and Nicholas's behavior, and to observe it closely.

Wendy explains that paying more attention to Nicholas wasn't anything she had planned to do, or was even really aware of doing. Instead, it just happened. Her denial that she did anything different is in the service her stance of helplessness with respect to Nicholas, but it also minimizes the role of therapy in any change which may have come about. This stance had been very apparent in the early sessions, much less so in the later ones.

The use of the word "unconsciously" instead of consciously may be a slip, in which case, she may be indicating that unconsciously she did tell herself that she was going to pay attention. She says:

Cl.: yyes I think that's it, I was- a- I guess I
 .30 put--unconsciously I didn'//tell myself I'm
 Th.: yeah
 Cl.: gonna do it
 Th.: yeah
 Cl.: it j- I guess it just happened, that u:m..I p-
 .35 I paid more attention to 'im somehow

Paralinguistic cues: elongates, "yes;" corrects self several times; short pause before "I paid;" stumbles on "I paid," all indicate uncertainty.

Expansion: Cl.: <IV. yes I think that you are right that I noticed Nicholas more, but it wasn't that I had planned to do it. It just happened that I paid more attention to him.>

There is a proposition implied in this statement which is related to two already introduced. It is {Influence}, Wendy can influence what happens between herself and

Nicholas. It is more general than {Control}, Wendy can control Nicholas, which was introduced as {~Control}, it's negated form, and more specific than {Connection}, that there is a connection between the way Nicholas is treated and the way he acts.

Interaction statement: Wendy chooses one of the therapist's explanations for what happened, but denies that it was anything she did intentionally. She thereby {Influence} partially accepts the therapist's contention that she can have an influence on what happens between herself and Nicholas, but at the same time also claims that {~Influence} since whatever she did was not conscious, she really cannot influence Nicholas's behavior.

However, the therapist points out that her paying attention to Nicholas paid off:

Th.: yeah..it sounds like that paid off

Paralinguistic cues: falling-rising tone (2) on "yeah," suggests slightly surprised acceptance of what has been said; falling-rising tone on, "paid," emphasizing positiveness of what she is saying.

Expansion: Th.: <IV. yes, I think that's what happened, and from what you're telling me, it sounds like it was a good thing, it paid off.>

Interaction statement: The therapist accepts Wendy's assessment, and stresses that it brought good results. She thereby reinforces her point, {Influence} that Wendy can have an influence on what happens between herself and Nicholas.

Wendy agrees, but then becomes confused and uncertain about what she wants to say. The therapist has suggested, that there was something she was doing that was making a difference, and she has agreed. What accounts for her confusion is that, as she talks further, she begins to contradict herself. She says that she really wasn't aware that there was anything in particular she or Nicholas was doing.

She says:

Cl.: ..it, did, it- that s- it- that's it-
that's exactly what//I can't really..(3.5)..like

Th.: yeah

Cl.: say exactly what happened what I did or what he
.40 did b'cause it wasn't anything that I really did
..or that he did, y'know

Th.: yeah

Paralinguistic cues: much hesitation and self correction; pause of 3.5 seconds following, "I can't really;" word, "did" emphasized three times; emphasis on words, "anything," and "he;" word, "really" strengthens "did;" finishes statement with, "y'know" for emphasis.

Expansion: Cl.: <IV. I agree with you that my paying attention to Nicholas paid off, but I can't say exactly what I did or what he did, because there really wasn't anything that I did or that he did.>

Then, in a resolution of sorts, she attributes the success of the past week to the fact that they had both tried:

Cl.: it's just that- I guess we both tried somehow-

Paralinguistic cues: corrects self; emphasis and falling-rising tone on, "tried," followed by, "somehow" suggests uncertainty.

Expansion: Cl.: <IV. I'm not aware that either Nicholas or I did anything differently, but since the week did go better, I suppose somehow we must both have tried.>

Interaction statement: offers the explanation that the reason that things went nicer for them the past week was that they both tried. She thereby resolves the contradiction between saying that she paid more attention to Nicholas, and that she didn't do anything. She thereby to accepts the therapist's general point {Influence} without, however, accepting her specific point, that there was something in particular which she did. By sharing credit with Nicholas, she thereby also partly rejects {Influence} that she can influence the way Nicholas behaves. She also demonstrates {Co-op} that she and Nicholas can work together. In sharing credit with Nicholas, she also thereby praises him, and thereby demonstrates {Positives-W} that she sees positives in Nicholas and that therefore, {Good mo-W} she is a good mother.

The therapist tries again to help Wendy specify what it

was that she contributed to the week's going well. She restates what Wendy has said about paying attention to Nicholas:

Th.: yeah, well what you're saying is that previous
 .45 t'this you've been so busy, tha:t other things
 were higher on the list..a:nd that maybe..what
 Nicholas was percei:ving was that he was not
 that import'nt t'you...

Paralinguistic cues: strong emphasis on, "yeah;" emphasis on words, "previous," "so busy," "list," "maybe," "perceiving," and "important;" several brief pauses."

Expansion: Th.: <IV. yes, I think that's a good explanation, that you both tried. Another part of the explanation is what you've said before, that previous to this you've been so busy that things other than giving your attention to Nicholas were higher on your list. (However, now you are giving him your attention). Maybe what Nicholas was perceiving then was that he was not that important to you.>

Interaction statement: The therapist {Teach-th} reminds Wendy of what she had said regarding her having been so busy with other things, that Nicholas might have been perceiving that he wasn't important to her. She thereby offers as an explanation for the past week's going well, {Change} that Wendy has changed her way of treating Nicholas. She thereby attempts to convince Wendy that {Influence} she does have an influence on how things go between her and Nicholas.

The therapist pauses briefly and continues, However, Wendy breaks in before she gets into her new thought. Her "could've been" refers to the therapist's last idea, that maybe Nicholas was perceiving that he was not that important to her. Her agreement is expressed quickly, but not wholeheartedly, since the therapist's explanation implies that she had been doing something wrong in allowing Nicholas to get the impression that he wasn't important to her.

Th.: ...nd so, some of his-
 Clt.: could've been

The therapist continues, suggesting that Nicholas's behavior may have been a reaction to his feeling of being ignored by Wendy:

Th.: upsetness an anger n, feeling r'jected n
 .50 ignored, was getting played out in other places
 Clt.: ()

Paralinguistic cues: emphasis on words, "upset," and "rejected;" strings together a group of almost synonyms for emphasis.

Expansion: Th.: <IV. and if {Connection} Nicholas was feeling, as I suggested, that he wasn't that important to you, then some of his feelings of upsetness, anger, rejection, and being ignored were being played out in other places.>

The therapist's statement invokes a proposition which is a variation of one already introduced. It is {Connection}₁, there is a connection between how Nicholas feels emotionally and how he acts.

Interaction statement: The therapist {Connection}₁ makes a connection between Nicholas was feeling and how he has been acting.

Then she switches to the present and to the positive, and suggests that Wendy is now more tuned in to him. In saying this, she also retreats from her former insistence on a behavioral explanation for what had changed. She pitches her explanation to a different level, and builds on what Wendy has already said:

Th.: and that now unconsciously, even though you
 didn't consciously do it, somehow you're, tuned
 in more t' him
 .55 Clt.: °(yyes)

Paralinguistic cues: emphasis twice on word, "unconsciously," a word which Wendy has used; also uses word, "somehow," a word which Wendy frequently uses.

This statement introduces a new local proposition {17},

Wendy was more tuned in to Nicholas.

Expansion: Th.: <IV. and now {17} unconsciously, even though you may not consciously be aware of doing anything differently, you're more tuned in to Nicholas.>

Then she returns to a behavioral explanation, and suggests one behavior which Wendy is performing differently. She is now noticing Nicholas.

Th.: noticing, what 'e's doing, how he's feeling, what's different-, uh an that somehow that's, making it nicer b'tween the two of you

Paralinguistic cues: emphasis on word, "noticing," and on "nicer;" again uses word, "somehow."

Expansion: Th.: <IV. since {15} you are now more tuned into Nicholas, you are now noticing what he's doing and how he's feeling, (and {Influence} because you are noticing him, there must be other things you are doing) which make things nicer between the two of you.

Interaction statement: The therapist again {Connection} makes the connection between what Wendy is doing and the fact that things are going better between herself and Nicholas. She thereby again asserts {Influence} that Wendy can influence what happens between herself and Nicholas.

Wendy agrees, although in a low voice, which suggests that the agreement is a hesitant one, and without conviction. The Therapist follows up with an encouraging "could be," then in a lower voice, to match Wendy's she says, "yeah." This ends the segment."

Clt.: °(yyeah)
.60 Th.: could be..°(yeah)

Session Six

Although much of what Wendy expresses in this session continues the direction of change begun several sessions back, what is interesting is the struggle she carries out in

her own mind between her former belief that the problem is that Nicholas doesn't want to listen, and is unusually difficult, and her emerging belief that she can influence the situation.

There is, of course, considerable difference between this session and the first. In the first session, Wendy's ideas of inadequacy around controlling Nicholas, and her criticism of him were expressed openly. In this session, they are somewhat hidden, and mingled with her satisfaction, or perhaps, relief, that things are better. Although the therapist tries to get her to take credit for the change, to see that it is the result of something that she is doing, Wendy has not yet consistently made the connection. At times she can see her part in the change, but at times it appears to her partly as a matter of luck, and partly as a matter of how Nicholas happens to act.

All the foregoing is not to minimize the very striking change in the way Wendy talks about her life. Although her narration of events still implies criticism of Nicholas, and helplessness on her part to control him, she talks about him with a new appreciation, and describes time together that is sometimes pleasant, but always tolerable. If, however, she is not quite aware that she is doing something different, she is not quite unaware, either, and if she can't quite say it, at least she can appreciate it. There will be one more opportunity for her to report a week's happenings, the posttest session of the following, week. I will use her report in that meeting as a final look at which changes have occurred,

and which have not.

CHAPTER XI

THE POSTTEST SESSION

In this chapter I will look at the first 10 1/2 minutes of the posttest session. This is the segment which deals with the open ended questions. While, the posttest is not a therapy session, nearly all of the issues which were developed over the course of the therapy are dealt with in what was intended to be the last meeting.

Although I will only analyze the first segment of the posttest, the entire questionnaire including the open ended and multiple choice portions actually took two sessions to complete. From the tapes it is difficult to tell what the total time of these two sessions was, although it was probably about an hour and a half. By comparison, the pretest took only one extended session of a little over an hour. By the posttest session, many of the items in the questionnaire brought up issues which had been the subject of much discussion during the preceding weeks, and needed more than a simple answer at the end. There was also a familiarity between the two participants, and a sense of ease of speaking which could not have existed at the time of the pretest session.

Segment A

The first segment of the posttest is structured very much like session one. The questionnaire creates tight frames around the content. Yet, there is a freedom to the interaction which comes from the familiarity of the participants which is necessarily absent in the first session.

At the point at which the tape opens, there had evidently been some preliminary conversation, and the therapist with her initial statement on the tape, "allrighty, let's jump in," creates a transition to the work they are about to do. Again, as with the previous sessions, the formality of the move is evidenced by the fact that, although she does not read the question verbatim, she presents more or less it as it is written. The words are taken from outside the conversation. She speaks as though she were unaware that Nicholas, rather than a generalized, "the children" will be the focus of the discussion. Nevertheless, the quality of her voice is not one of detachment, rather, it is warm and engaging, even as the words she chooses are ones which create distance.

Subsegment a begins as she says:

- a.01 Th.: allrighty let's, jump in..uh the first part
begins with what we always talk about n that
is, the actual experiences, with- with the
children..was there a time during the last week
.05 when you and the children or any one of them
just didn't get along

Wendy begins to provide an incident, but the therapist, continuing the impersonality of the introduction, although mitigating it somewhat by a lowering of her voice, cuts her off to follow the order of the questionnaire.

Cl.: ..yeah we had um-
 Th.: °(o.k. an who was that)
 Cl.: °(Nicholas)

Having established that Nicholas will be the subject of the discussion to follow, and entering him in the questionnaire form, the therapist allows Wendy to proceed.

.10 Th.: °(o.k. c'n y'tell me now what happened)

Wendy begins, as she has in past narratives with an abstract. This abstract has two parts. First, a general statement that there are "little differences:"

Cl.: °(well..(3)..well it w- it, we have our little differences
 Th.: mm//hm
 Cl.: y'know at home
 .15 Th.: °(mmhm)

The second part of the abstract is an evaluative statement contrasting with the first, and with what is to follow. She says that despite what she will narrate, she does not mean to imply that things got out of hand. Wendy's characterization of the past week is also consistent with her evaluations of past weeks since the fifth session, each successively a more positive expression of relations between herself and Nicholas.

Cl.: but it didn't really get out of hand where I had to hit im or anything
 Th.: °(mmhm)

Next she gives an orientation for the story establishing when it occurred and who was involved.

- Clt.: ..but um..my mother was, watching him..⁰(was it
 .20 the week before, last week)
 Th.: ⁰(mmhm)
 Clt.: last Tuesday it was
 Th.: ⁰(mmhm)

This final narrative of Wendy's contains something new; it incorporates a reversal. Wendy becomes the active person, and takes charge; her mother is the one who is passive and helpless. One means of learning is by taking on the role of the teacher, and Wendy's role in this story is parallel to that of the therapist in the early sessions. Both are listeners who solicit more information from someone who cannot handle Nicholas, and, as listeners, know more effective ways to act.

She begins the action part of her narrative by setting the scene, she got home and found her mother very upset with Nicholas. She says:

- Clt.: and um..uh when I got home she was very upset
 .25 //y'know
 Th.: ⁰(mmhm)

Her mother apparently both wants to conceal and reveal Nicholas's misbehavior. Although she doesn't say anything, Wendy easily discerns that she is upset.

- Clt.: but she di- she didn't say anything to me I
saw she was up//set
 Th.: mmhm

As Wendy quotes from her mother, she uses a style of discourse which is different from her normal one. In her normal style, her major means of achieving indirection are through vagueness and hesitation. However, in her quotes from her mother, she uses another repertoire. Sarcasm is part of this repertoire, as is the throwaway remark, designed

to provoke questioning. The next utterance contains an example of this style. As she quotes her mother, Wendy has her voice a complaint. She does this, however, by indirection, first she lets drop the statement, "Nicholas said something," but rather than say what it was he said, she turns to him and makes a complaint, instead of directly to Wendy.

Wendy's mother has not been a major figure in the discussion of the past six weeks. However, from what Wendy suggests in her way of quoting her, it is likely that, if the therapy were to continue, issues concerning her mother would surface, and would play a more significant role than heretofore. Wendy quotes her mother as follows:

.30 Clt.: ..and um..she said Nicholas said something an
s'said oh Nicholas don't start because you got
on my nerves all day
Th.: ° (mmhm)

Paralinguistic cues: emphasis on words, "Nicholas," "something," and "nerves;" quotes mother.

Expansion: Clt.: <EV. (D.) when I got home, my mother didn't say anything to me but I could see that she was upset. Then she said to me> <F. Nicholas said something to me,> <EV. ((C.) and I knew that she meant that he had said something bad) (D.) and then she said to him,> <F. "Oh Nicholas, don't start doing things which you know annoy me, because you've been getting on my nerves all day.">

The interaction statement displays two new propositions based on Wendy's assuming a role analogous to that of the therapist. The first is {Percep-W}, Wendy perceives the emotions of others. The second is {~Helpless}₁, Wendy is not helpless to control Nicholas.

Interaction statement: Wendy describes {Percep} how she perceived that her mother was trying to get sympathy for the fact that she was overwhelmed by Nicholas. She thereby portrays herself as someone who is able to help her mother who is helpless to control Nicholas, and therefore, {~Helpless}, not helpless herself. She also portrays herself as someone who is perceptive, and like the therapist, able to discern the emotions of others.

Without much effort Wendy gets her mother to tell what happened.

Clt.: so I--y'know I ask her-, y'know
 .35 Th.: ^o(mmhm)
 Clt.: if he was a problem
 Th.: ^o(mm)

This time it is Wendy's mother who is voicing the kinds of complaints about Nicholas that Wendy, herself expressed in the first three sessions. She quotes:

Clt.: ..so she said no he wasn't a problem that he
 doesn't listen nd y'know he talks back t'her nd
 .40 he's disrespectful t'her he's- calls her
stupid nd
 Th.: ^o(mmhm)

It isn't clear whether Wendy's mother's first statement, that Nicholas wasn't a problem is meant sarcastically. Sarcasm is not suggested by the intonation Wendy uses in quoting her, but then it is something foreign to her own style, and she may not be able to pull it off very well. However, by denying that he was a problem, then going on to describe just how much of a problem Nicholas actually was does suggest that sarcasm was intended.

Nicholas was troublesome all the time Wendy was gone, but it got worse when she returned, and her mother concluded that he was showing off because she was there. Wendy continues:

- Cl.: y'know..and she thought, that he was--..because
 I- I- I got there, while he was, acting up again
 .45 Th.: O (mmhm)
 Cl.: while he was, showing off more because-, because
 I was there
 Th.: O (ahha)

Wendy now offers an evaluation. Because she wants to say that things that week never got out of hand, she has to deny that it happened this time--later on she will give this as the only time since the last session when Nicholas's behavior was a big issue. Here, she tries to downplay the significance of what she has just described. However, given what she has described, she is left with no way to characterize what happened, so she simply breaks off. She says:

- Cl.: y'know, an it w- it just- it sorta- I wouldn't
 .50 say got outa hand but um
 Th.: O (mmhm)

Then Wendy tells how she inquired further, and found out that the situation has been going on for some time, and that her mother had been covering for Nicholas.

Although she does not use the characterization, "out of hand" for the past week, and especially when referring to Nicholas's and her own interaction, she does use it for the past in general, describing Nicholas's interaction with his grandmother. She says:

- Cl.: then I- I found out th't..all this time that
 she was watching Nicholas he was-, y'know//she
 Th.: O (o.k.)
 .55 Cl.: gave me the impression that he was being good
 Th.: ..O (o.k.)
 Cl.: ..but she, told me he was, very, disrespectful
 y'know, out of hand
 Th.: O (mmhm)

Wendy next tells how she handled the problem. She waited until she got home before acting. Then, as she de-

scribed in the fourth session, she made Nicholas her main source of information. She spoke to him to find out what happened. Nicholas was afraid she was going to hit him, most likely her typical reaction in the past. She says:

.60 Clt.: ..and um..I asked- y'know when I got home I, asked Nicholas about it..he thought I was gonna hit 'im he didn't wanna tell me what he- y'know what n what he did

Th.: mmhm

Paralinguistic cues: corrects self; emphasis on words, "hit," and "did;" use of, "y'know" as a euphemism to sum up what he did.

This statement contains a local proposition, {18}, Wendy waited before responding to Nicholas's misbehavior. Implied in this is the general proposition introduced in the fifth session, {Fairer}₁, by waiting, rather than yelling (or hitting) Wendy was being fairer to Nicholas.

Expansion: Clt.: <EV. (D.) {18} {Fairer}₁ I waited to do anything until I got home. Then, when I got home I asked Nicholas about what happened. He was afraid I was going to hit him for what my mother told me he had done, as I might have done in the past, and he didn't want to tell me anything about what he did.>

Interaction statement: Wendy describes how she waited before acting, and therefore acted with greater fairness to Nicholas than in the past.

This time, however, Wendy is in control of her emotions, and is able to put things on a different footing. She gets Nicholas to tell what he did by invoking his cooperation. She tells him she doesn't intend hit him, but only wants the facts.

.65 Clt.: I told 'im- I said I just want the truth
 Nicholas I'm not gonna hit you
 Th.: um, mmhm
 Clt.: just tell me the truth
 Th.: ° (mmhm)

Paralinguistic cues: falling tone on first use of word, "truth;" then stress for emphasis on second use.

Expansion: Clt.: <EV. (D.) I said to Nicholas> <F. I just want the truth, Nicholas, I'm not going to hit you, just tell me the truth.>

This part of Wendy's story introduces a new proposition, {No hit-W}, Wendy no longer hits Nicholas for the things she used to hit him for.

Interaction statement: Wendy describes how she told Nicholas that she was not going to hit him, implying {No hit-W} that she no longer intended to routinely hit him. Instead, what she wanted was the truth. She thereby demonstrates that she does not hit him for misbehavior, but {Co-op} invokes his cooperation. She thereby presents herself as a {Good mo} good mother who knows that it's best to work together with her child.

She succeeds, and Nicholas tells her all the things he did.

70. Clt.: but from what he tol' me, i- he said well..he would stand in front of the t.v. while she was watching it
 Th.: ° (mmhm)
 Clt.: she tol'im t'sit down it meand he would stand up
 .75 Th.: ° (mmhm)
 Clt.: and um..he would mimic her
 Th.: ..mm//hm
 Clt.: y'know..and if th'phone rings he would run
 .80 for th'phone, he- grab th'phone an he wouldn' give- give it t'her
 Th.: ° (o.k.)

In contrast to the way she formerly would have seen similar actions, she characterizes what he has told her as, "little things like that."

Clt.: ..and little things like that nd

The therapist is impressed that he can remember and

everything
tell[^] he related.

Th.: ..it's interesting, he was very specific he
.85 remembered everything he did

In her answer, Wendy explains that she asked him to
tell her everything he did:

Clt.: yes because I- I told 'im- I said

Th.: yeah

Clt.: try t'remember because I wanna know exactly

Th.: yeah

.90 Clt.: what y'did

Th.: yeah uhuh

She bases her appeal to him on mutual cooperation:

Clt.: y'know so I could deal with it b'cause I- I
said I'm not gonna hit you, I- I don't wanna
hit you

.95 Th.: o.k.

Clt.: I just wan' us, t'be honest with each other

Th.: o.k., °(o.k.)

Paralinguistic cues: use of "y'know, for emphasis;
emphasis on word, "deal," in next sentence, on three key
words, "not," "hit," and "don't," and in last sentence,
on "want us," and on "other."

Expansion: Clt.: <EV. (C.) yes, Nicholas was very
specific because I told him,> <F. "try to remember
because I want to know exactly what you did so that I'll
be able to deal with it the right way, because I'm not
going to hit you (any more). I don't want to hit you. I
just want us to be honest with each other.">

Interaction statement: Wendy describes how she spoke to
Nicholas to get him to tell her what happened. She tells
{No hit} that she told him she was not going to hit him,
but {Co-op} wanted them to be honest with each other.
She thereby continues to demonstrate that {Good mo} she
is a good mother who works with her child rather than
hits him.

Her narrative ends with an evaluation. She defends
Nicholas, saying that this incident was unique, and there was
no other time during the past week when he was troublesome.

Clit.: ..but that was mainly, th- the only thing that
 was really (was a big) issue
 .100 Th.: mmhm
 Clit.: since last time
 Th.: o.k.

Paralinguistic cues: corrects self; emphasis on, "issue."

Expansion: Clit.: <EV. (C.) but this incident between
 Nicholas and my mother was the only thing that happened
 that really could be called serious since the last time
 we met.>

Interaction statement: Wendy defends Nicholas saying that
 there was only one incident in which Nicholas was
 troublesome in the past week. She therefore demonstrates
 that she is on Nicholas's side, and that rather than
 complaining about him, she doesn't look for opportunities
 to find fault with him. She thereby demonstrates that
 {Good mo} she is a good mother.

She begins to say more, perhaps to supply a coda for
 her story, but the therapist cuts her off to ask the next
 question, which begins subsegment b. The exchange is as
 follows:

b.01 Clit.: is that-
 Th.: how unreasonable would you think that Nicholas
 w- had been..not at all somewhat or very
 little, pretty unreasonable or very unreasonable

Wendy is taking the position that, despite what her
 mother told her, the incident was not very serious. In
 answer to the therapist's question, she defends Nicholas,
 saying his behavior in the incident she described was only a
 little unreasonable:

Clit.: I would say a little unreasonable

Wendy's defense of Nicholas is consistent with what the
 therapist had urged in the past. She now goes on to the next
 question:

.05 Th.: mmhm..o.k., somewhat, a little, o.k., and how angry or mad did his a- unreasonable behavior make you

In answer, Wendy continues her defense of Nicholas. She explains that it really wasn't entirely his fault since he was indoors all day.

Clit.: well it didn't make me-, it- I didn't get mad because..of the fact that

.10 Th.: mmhm

Clit.: ..he was indoors a:ll day °(my mother wasn't able to take him out)

Paralinguistic cues: corrects self; emphasis of words, "all," and "take;" voice drops on, "my mother wasn't...."

Expansion: Clit.: <IV. even though you would expect that the kind of behavior Nicholas displayed with my mother would make me mad, it didn't. I understood that he was restless because he was indoors all day, since my mother wasn't able to take him out.>

Wendy's explanation adds a new proposition,
{Understand-W}, Wendy understands Nicholas's needs.

Interaction statement: {Stick up} Wendy defends Nicholas by explaining that there was a reason for his difficult behavior with her mother. She thereby demonstrates that she is {Good mo} a good mother who {Understand} understands her child's needs. She also demonstrates {Good client} that she is a good client who has learned to stick up for her child and to take his needs into account, as the therapist has taught her to do.

The therapist's drawn out, "I see," in a low volume which matches Wendy's, shows agreement with Wendy's reasoning, and appreciation for her empathy with Nicholas, as well.

Th.: °(ahy seee, o.k.)

In her explanation, Wendy demonstrates that she understands why Nicholas behaved the way he did, and also why her mother reacted as she did. However, she is more on his side than hers. She twice refers to the behavior her mother complained about as, "those little things," thereby mini-

mizing the complaint:

Clt.: and..he- he's-
 .15 Th.: °(o.k.)
 Clt.: he's very active so I- he- he got bored °(and I
 think those little things--..oh my mother can'
 tolerate too much of, those little things//b-)
 Th.: o.k.

Paralinguistic cues: stumbles on word, "he;" corrects self twice; twice uses term, "those little things," to refer to what Nicholas did; volume drops starting with "and I...."

This statement provides two general propositions and a local one. The first general proposition is {Active}, Nicholas is a very active child. The second is {~Tolerate-M}, Wendy's mother can't tolerate the things Nicholas does when he is bored. The local proposition is, {17} Nicholas got bored being indoors all day.

Expansion: Clt.: <IV. {Active} Nicholas is a very active child, and {17} he got bored being indoors all day. The reason my mother got so angry with him was {~Tolerate} that she can't tolerate too much of the kinds of things he does when he gets bored, even though these things are actually minor.>

The interaction statement introduces a new proposition, {Bad mo-M/Good mo-W}, Wendy is a better mother than her own mother. This proposition is in the form of, and replaces an earlier, {Bad-N/Good-W}. There is still the opposition between Wendy and another person, in which Wendy benefits in the comparison, but the other party has changed from Nicholas to Wendy's mother. There is a difference, though. The mother is not complained of in as strong terms as Nicholas once was.

Interaction statement: Wendy explains why Nicholas acted the way he did, and why her mother acted as she did. She thereby demonstrates {Precep} that she perceives the emotions of others, and also that she understands the situation better than her mother did. She thereby implies that {Bad mo-M/Good mo-W} she is a better mother than her own mother since {Understand-W} she understands Nicholas's needs, while {"Understand-M} her mother does not.

Wendy has trouble with the next part of her explanation. She hesitates before speaking, and corrects herself frequently. She is talking about Nicholas's misbehavior, which, in this session, she has difficulty acknowledging. Her, "y'know," with which refers to what Nicholas did, is spoken at a low volume.

Nevertheless, she is able to demonstrate her understanding of the situation by relating how she explained to Nicholas why his grandmother was so upset with him. Her emphasis on understanding is in line with the cognitive emphasis of the past weeks, and in a sense demonstrates that she has come to see things as the therapist does, and values what she has been teaching her. She says:

.20 Clt.: ..(2.5)..I just- a- y'know I try to explain to
'im that's th' reason why she was so upset
because

Th.: mmhm

Clt.: °(y'know)

Th.: ..o.k.

Paralinguistic cues: pause of 2.5 seconds before continuing; corrects self; uses "y'know" to stand for the reason she has just given why her mother was so upset; volume drops on "y'know."

Expansion: Clt.: <IV. I try to explain to Nicholas that the reason his grandmother was so upset is what I've just said.>

Interaction statement: Wendy demonstrates that {Precep} she understands other people's feelings, and that she wants Nicholas to understand other people's feelings, too. She thereby demonstrates, in a way she knows the therapist will appreciate, that {Know} she knows what's proper for a child, and teaches him the proper thing, to understand people's feelings, and therefore {Good mo} is a good mother.

Continuing her explanation, Wendy tries three times before she finds what she wants to say. She takes Nicholas's side, and accepts his version of what happened. It is not clear what she means by, "the talking," although she is probably saying something about Nicholas's talking back to his grandmother.

By accepting his version of things, she is suggesting that she believes that her mother was exaggerating. This is not the first instance when she has treated complaints against Nicholas as exaggerations. She also did this in second, third, and fourth sessions.

.25 Clt.: his- plus I think he-, an the ta:lking- I told y'know-, he said he didn't curse at her he juss' said dumb

Th.: I see

Paralinguistic cues: corrects self several times; emphasis on words, "talking," "curse;" fades off on word, "dumb."

This part of Wendy's explanation introduces a new local proposition, {18}, Wendy's mother was exaggerating in her complaints about Nicholas (c.f. proposition {7}).

Expansion: Clt.: <IV. I think that because {Tolerate} my mother has such difficulty tolerating the things Nicholas does when he's bored, {18} she exaggerates the things he does, and makes them out to be worse than what he actually does do. I told him that he shouldn't curse at his grandmother, he told me that he hadn't cursed at her, he just called her, "dumb.">

Interaction statement: Wendy explains that she accepted Nicholas's version of what happened over her mother's. She thereby demonstrates {Good mo} that she is a good mother.

Although she is on his side, she still wants him to behave properly. She explains that she told him that it was wrong to talk to his grandmother the way he did.

Cl.: ..⁰(something happened an' he said she was
.30 stupid an' I said well that was wrong) y'know
y',never-

Paralinguistic cues: starts out in low voice, volume rises on "y'know...;" emphasis on words, "that," and "never."

Expansion: Cl.: <EV. according to what Nicholas told me, something happened which made him angry, and he called his grandmother stupid. I said to him,> <"That was wrong, you should never talk to your grandmother that way.>

Interaction statement: Wendy reports that she accepted Nicholas's version of what happened, but firmly told him that he was wrong. She thereby demonstrates that she has faith in her child, but {Know} knows what is appropriate. She thereby demonstrates that {Good mo} she is a good mother.

Th.: ..mmhm

She accepts his promise that he won't repeat his disrespect of his grandmother.

Cl.: ⁰(an he promised me he wouldn' say it again an
..I believed him..y'know that he wouldn't)
The therapist now goes on to the next question,

beginning subsegment c.

c.01 Th.: ..if you look back at that situation now Wendy,
d'y'think that you could've- that you could've
avoided it in any way..that's his behaving
like that..d'y'think there's anything that you
.05 could've done..⁰(to avoid that)

Wendy's answer is, reasonably enough, that since she wasn't there, she couldn't have avoided the situation. However, in narrating a situation which basically didn't involve

her, she is able to present both herself and Nicholas in a good light: she is a reasonable person who unlike her mother, doesn't get into avoidable power struggles with a seven year old boy; and that he is fine when his cooperation is solicited, and his needs are understood.

Clt.: ..^o(I don't think so)

Th.: ^o(o.k.)

Clt.: maybe if I was there I-, ^o(but I wasn't there so-)

The therapist endorses Wendy's stance by bringing up another aspect of the situation, she was working. She adds to Wendy's status as a reasonable person, the status of responsible person, as well. She says:

.10 Th.: ^o(y'had t'go t'work)

Clt.: ^o(yeah)

Th.: ^o(a'mean that's, not a, pleasure it's something y'need t'do)

Clt.: ^o(yeah)

Then she goes on to the next question, which begins subsegment d.

d.01 Th.: o.k. ..um once you were in th'situation what did you like about the way you handled it

As in the past, Wendy answers that she likes the fact that she didn't automatically get angry at Nicholas:

Clt.: ..(2.5)..that I didn't get angry at him right out

.05 Th.: mmhm..(2.5)..^o(o.k.)

She contrasts her own handling of the situation with the way her mother wanted her to handle it. In doing so, she presents herself as a reasonable person and a enlightened mother, in contrast to her own mother who comes off as unreasonable and quick to hit--exactly what she has disliked in

her own performance as a mother. However, her, "somehow I got the impression..." distances her from her knowledge of how she knew what her mother wanted, since most likely similar things had occurred in the past. In this way, she partly protects her mother from her assessment, and herself from her knowledge of her mother, as quick to hit. She says:

Cl.: I- my mother- I could tell she didn' like
th'fact that..I didn', yell at him right there
on the spot when she tol' me, or hi- or- or
give 'im a spanking..a- somehow I got the
.10 impression she was expecting me t'do that
Th.: °(mmhm)

Paralinguistic cues: hesitant, short pauses, corrects self twice; emphasis on words, "yell," "told," and "spanking;" starts to say, "hit," but corrects self to say, "give him a spanking;" uses, "somehow I got the impression," to distance herself from the fact that she knew that her mother expected her to spank Nicholas.

This statement introduces a new local proposition, {19}, Wendy's mother wanted her to yell at Nicholas, or to hit him. Since Wendy no longer hits Nicholas for the things she used to hit him for ({No hit}), and knows that yelling and hitting are extreme ways to discipline a child ({Extreme}), but her mother does not, she is able to show that she is an enlightened parent, which introduces the general proposition, {Enlight-W}, and it's corollary, {~Enlight-M}, Wendy's mother is not an enlightened parent.

Expansion: Cl.: <IV. I could tell that {19} my mother didn't like the fact that I didn't yell at Nicholas or hit him. I got the impression that she was expecting me to do that.>

Interaction statement: Wendy explains that her mother wanted her to yell at Nicholas or hit him, and didn't like the fact that she didn't. She thereby portrays herself {Enlight-W} as an enlightened parent--and {~Enlight-M} her mother as unenlightened--who doesn't hit her child, even though her mother wants her to. She

thereby {Bad mo-M/Good mo-W} portrays herself as a better mother than her own mother. She simultaneously distances herself from her portrayal of her mother, and allows some doubt that her mother is actually as she portrays her.

She then demonstrates how she handled the situation the proper way. In describing what she did, she is also answering the question, which she herself implicitly raised in the first session, about her ability to act forcefully with Nicholas. She now shows that she is able to act effectively. She says:

- Cl.: but I-, I said °(o.k. we're gonna go home now an w-), I gonna ta- I'm gonna
 Th.: ..yeah
 .15 Cl.: y'know we're gonna talk about this Nicholas
 °(an)
 Th.: yeah
 Cl.: °(y'know)

Paralinguistic cues: stumbles on, "I said;" lowers volume on, "o.k., were gonna...", and on, "y'know;" emphasis on, "talk;" voice drops on, "an," suggesting uncertainty about what, if anything, comes after talking; "uses, "y'know" to stand for the the fact that they need to talk.

Expansion: Cl.: <EV. I was aware {19} that my mother wanted me to hit Nicholas, but instead of doing what she wanted, because {~Enlight-M} I knew she was wrong, I said to him,> <F. "this is what we're going to do. Were going to go home now, (because what happened is something which is between you and me and doesn't involve Grandma), and we're going to talk about what happened, because it is something important for us to talk about.">

Interaction statement: Wendy describes how she took Nicholas home to talk to him, rather than yell at or hit him, as her mother wanted her to do. She thereby shows 1) that {Force} she able to take charge of the situation and act forcefully with Nicholas; and 2) that she is aware that {Talk} it is better to talk to a child than to hit him, and therefore {Enlight-W} is an enlightened parent. She also continues to demonstrate that {Bad mo-M/Good mo-W} she is a better mother than her own mother.

The therapist next asks a question whose answer is known to both of them, whether what Wendy has just described is what she used to do. She asks this, presumably, as a

device to make explicit the changes that Wendy has made. Wendy, however, possibly not understanding, answers before the therapist finishes, and says, "usually." Her answer, even if inconsistent with what she has described in the past, is in keeping with her self-portrayal as an enlightened parent. The exchange is as follows:

Th.: is that what y' used t'do about it Wendy//is
 .20 Clt.: ^o(usually)

The therapist's, "that what you would" is a continuation of her question. Then, realizing that Wendy has answered, she breaks off, and comments on her answer. Her response, however, is to the answer she most likely expected, rather than to the one she was given. She says:

Th.: that what you would-, so you've really-, you've gotten ahold of this

In answering this time, Wendy is in tune with the therapist, and gives the appropriate response describing how she has changed. Her answer contains an insight into her motivation for her former treatment of Nicholas, an insight which, however, partly implicates her mother and her sister in the hitting. She says:

Clt.: yeah..b'cause
 Th.: mmhm
 .25 Clt.: I, um, thinking now-, now that I realize that..maybe..I used t'do that spanking or yelling more to even please those people

Paralinguistic cues: emphasis on word, "now;" falling-rising (questioning) intonation on word, "maybe," leaves insight as tentative; uses word, "even," which suggests that pleasing them was an extreme thing to do.

The therapist's statement, immediately above, introduces three new propositions. The first is {Control}₁, Wendy

is able to control her tendency to yell at Nicholas or to hit him. It is implicit, here, in Wendy's answer. The next proposition is {Please O-W}, Wendy wants to please others, in this case, it appears as {Please M/S-W}, Wendy wants to please her mother and sister. If it had been introduced in the second session, it would have taken the form of {Please S-W}, Wendy wants to please her sister. The third, which is introduced here, although it might have been introduced somewhat earlier, is {O hit}, others want Wendy to yell at Nicholas or to hit him. Like the second, this proposition can be stated in the form, {O hit-M}, Wendy's mother wants her to... etc., or {O hit-S}, Wendy's sister...etc. In this statement, both are implied, and the expression is {O hit-M/S}.

Expansion: Clt.: <IV. yes, {Control}, I have been able to control my tendency to immediately yell at Nicholas or spank him. And as I think about it now, I realize that I used to do that spanking or yelling {Please M/S} {O hit-M/S} more to please those people than because I believed it was the right thing to do, (and I no longer need to do that.)>

Interaction statement: Wendy expresses an insight. She thereby demonstrates that {Good client-W} she is a good client because {Insight} she has gained insight into her own actions and feelings. She also partly implicates her mother and sister in the yelling and hitting, since {O hit-M/S} they were pressuring her to hit Nicholas. She thereby partly exonerates herself.

The therapist's elongated, "oh" indicates that she recognizes the importance of what Wendy has said:

Th.: °(o::h)

Wendy starts to say more, but the therapist speaks and takes the insight a step further.

Cl.: then-

.30 Th.: ..so you were behaving in a sense more like
your mother's daughter than your son's mother

Paralinguistic cues: short pause before beginning, waits to see if Wendy will say more; emphasis on words, "so," "daughter," and "mother;" uses expression, "in a sense," and falling-rising intonation on, "daughter," to function as mitigation.

Expansion: Th.: <IV. so in yelling at and hitting Nicholas, you were behaving more like your mother's daughter, {Please M-W} by trying to please her, than like your son's mother by doing what you knew was right.>

Interaction statement: The therapist expands on Wendy's insight. She points out that she was trying more to please her mother than to function as a mother to her own son. She thereby {Int-th} interprets Wendy's feelings, and reinforces {Insight} Wendy's insight.

Wendy expresses her agreement in a low voice, and further qualifies it with, "I think so." Nevertheless, as a statement of agreement, it is a strong one:

Cl.: °(right..right I think so)

The therapist continues. In a low voice indicating sympathy and understanding, she first normalizes what has happened:

Th.: ..°(that happens..yeah)...

Then, after a brief pause, and at normal volume, she identifies a new change Wendy has made. She has taken back her proper role. She says:

Th.: ..but you are- you are a
mother that's your first

.35 Cl.: °(yeah)

Th.: thing now it seems like you've, taken
back..charge of that

Paralinguistic cues: short pause and switches from low to normal volume, to mark shift to new content; emphasis on words, "are," and "mother;" second part of thought, "it seems....," comes without a pause.

This statement of the therapist introduces a proposi-

tion which I am borrowing, with a small change in content, from Therapeutic Discourse. It is {Head-X}, X is a competent head of her own household. In this case, I am adding the further concept that X (Wendy) is a mother. The proposition, here, takes the form of {Head-W}, Wendy is a mother and a competent^{head} of her own household. A second proposition which appears here is {Reassume-W}, Wendy has reassumed her role as mother.

Expansion: Th.: <IV. it may have felt to you that by being a daughter, you weren't fully entitled to act as a mother, but {Head-W} you are a mother. At this time of your life, that's your first thing, and it seems like, from what you've been telling me, {Reassume-W} that you've taken back charge of that role.>

Interaction statement: The therapist affirms Wendy's status as a mother, and her right to act in that capacity. She thereby {Teach-Th} acts in the capacity of a teacher, and as an expert on life situations, with the authority to say what is correct.

Again Wendy agrees. She starts to say something more, but the therapist begins at that point, speaking at a higher volume, and what Wendy says is inaudible on the tape. The therapist's next reference, to waiting, is unclear. Wendy cuts her off, and says that she feels good about having resumed her role as a mother. The exchange is as follows:

Clt.: °(yes //()
 Th.: y'know waiting-
 .40 Clt.: °(I feel- I feel good about it)

The therapist's words of encouragement mark a transition. She then goes on to the next question, and to the next subsegment:

Th.: °(yes, I think y'do very well and y'will do well) ,...

Subsegment e is brief. It begins as she asks if there anything Wendy did not like about the way she handled the situation. Wendy answers no, then starts to say more, but doesn't continue. The exchange is as follows:

- e.01 ...what did y'not like °(about the way
 y'handled it..anything)
 Clt.: °(no I- I)

The therapist then moves on to the next question:

- Th.: o.k. ..(2.5)..if the same thing happened again
.05 Wendy or something similar to it how would you
 handle it

Wendy's answer is brief, and does not open up any discussion. She would handle a similar situation the same way:

- Clt.: ..°(I think I would), handle it the same way

The therapist then moves on to the next question, and with it to subsegment f. The new question takes them into a new area. She says:

- f.01 Th.: °(mmhm..o.k.) ..(3.5)..now..how about..during
 the last week or so was there a time when y'got
 along unusually well..°(with, the kids)

Wendy does not begin a new narrative, but instead describes a general state of affairs:

- Clt.: ..(5.5)..°(yyess)
.05 Th.: °(yeah o.k.)
 Clt.: i- it- it-.. y'know it's not like it- for brief
 little moments though
 Th.: yeah

The discussion she now initiates refers back to the sixth session. At that time, she also talked, as she does now, about having very little time to spend with Nicholas. She explained that in the past when she was busy, she would

put him off, but that she had begun having him talk to her while she does other things, and because of this change, Nicholas hadn't been feeling so ignored.

Now she begins her account by saying that she was very busy during the past week, and that, again, the only time she could spend with Nicholas was while she was doing other things. She says:

.10 Clt.: y'know, like..because I was so busy doing everything that I had like..a little time t'sit down and we have fun together, but it was, while I was doin something or walking home or something

The therapist now asks another question whose answer she already knows, and whose purpose, is again, most likely to underscore the change which has occurred:

.15 Th.: o.k. ..is that something unusual from what th'typical, pattern had been

As with the previous session, Wendy describes the difference between her new and old methods of handling Nicholas's demands for attention. This time, she is more willing to take responsibility for Nicholas's feeling ignored. In the sixth session, she talked about it as something he was probably thinking, evading her role in the process. Now the reason she gives is something she was doing, putting him off. The text from the two sessions is juxtaposed. The sixth session is on the left; the posttest on the right:

<p>Clt.: ...I guess he think maybe, I don' wanna hear what 'e has t'say, y'know I a- I'm busy <u>all</u> th'time I'm //<u>always</u> doing</p> <p>Th.: yeah</p> <p>Clt.: something..and</p>	<p>Clt.: yes because usually I'd say later not now Nicholas</p> <p>Th.: oh kay</p> <p>Clt.: no I'm so tired we talk about it later and we never- I would never <u>get</u> to it</p>
---	---

sometimes I tell 'im
 I s-, y'know Nicholas
 could you-, could you
 tell me later, let me
 just finish this now y'
 know an he- he prob'ly
 think I don' wanna
hear what 'e has t'say

The therapist restates, and writes down, what Wendy has said about the change:

Th.: o.k. so what you're saying is I took a few
 minutes..while..I was busy..to play a little..
 with Nicholas ..(2.5)..and that before you
 would not do that you would always- I'm too
 .25 busy I'm too busy
 Clt.: yeah//a-
 Th.: sounds like you're finding those few minutes
 now

Wendy expands on what she is doing differently:

Clt.: yeah I used t'put 'im off like//later Nicholas
 .30 Th.: yeah
 and-
 Th.: yeah

She describes how she now balances other responsibilities with Nicholas's demands for time. In the sixth session, she said^{that} she assures him that she is paying attention, even if she isn't. Now she says, and a few utterances later she repeats this at greater detail, that she actually does pay attention to him while doing other things. Again, the text from the sixth session is on the left, and the posttest on the right:

Th.: O(o.k.)	Clt.: ..but now..like he's
Clt.: but now, like, even	still expecting me- like
sometimes, I don' hear	if he starts t'tell me
what he's sayin', I	he'd like-, what <u>he'd</u>
tell 'im go'head	like me t'do would be
Nicholas I'm	like stop n y'know, he-
listeni:ng, y'know an	h- probably <u>think</u> I'm
I'll, be do- an	not listenin' or
sometimes I don' hear	Th.: mmhm
th' <u>fu:ll</u> story	Clt.: I don't wanna hear..an

Th.: yeah		he said..he'd start over
Clt.: y'know but I just		again I said <u>Nicholas</u> I
wan'im t'know that, y'		heard you just continue
know..I have- I'm- I'm		talking I just have to do
<u>li:ssstening</u>		this//but I'm listenin'
Th.: there's time for you		Th.: o.k.
Nicholas		Clt.: to you//()
Clt.: yyess		

The therapist, now advocating for Nicholas, looks at the situation from the standpoint of his needs:

Th.: that seems like it's important to him to know
 .45 you're s-, you're aware of him
 Clt.: yes
 Th.: that he's around
 Clt.: °(yeah)

Then she switches to Wendy's perspective, and asks if what she is now doing works. This is another question whose answer is obvious. In the last session she had encouraged what Wendy described doing, giving Nicholas attention whenever she could. In a section of the tape I did not analyze, she said:

Th.: y'know it's interesting Wendy, you'd say on th'one hand he needs so much, an then on the other ha:nd..you're just saying is I'm not really- it's not- doesn't sound as though all-giving him now so mu:ch, it sounds like you're really just giving, a little-//a few
 Clt.: just a few
 Th.: little things
 Clt.: yes it's true
 Th.: but regularly
 Clt.: °(it is//tr- yes)
 Th.: th'look, th'listen, th'hug..small things but

Now she refers back to that discussion. In asking if just that little attention is all it takes to make him feel secure, She reinforces her point. She asks:

Th.: and that little bit works? with him

Wendy seems confused, and seems to be defending the fact that she is not giving Nicholas more attention than she

is. What she says now repeats what she had said a few moments before. She says:

- .50 Clt.: yeah he seemed to a- have accepted it b'cause like he- he- would start repeating himself and he'd say
 Th.: mmhm
 Clt.: see Mommy you're not listening, and I said yeah
 .55 Nicholas I'm listenin' I heard what y'said and I//(
 Th.: o.k.
 Clt.: I'd say betcha I could tell you what you said y'know
 .60 Th.: yeah
 Clt.: yeah

The therapist, by way of reassuring Wendy, points out that he may be only testing her, and that he needs to be certain that he can rely on her paying attention.

Th.: so he's testing, sounds like he's uh not so sure, nd he wants to be sure that uh-

Although she does not finish her thought, Wendy may be saying that he is now aware that she does pay attention.

- Clt.: yeah he's
 .65 Th.: yeah
 Clt.: °(yeah)

The therapist's next statement, that she's glad it's working serves both as reinforcement, and a means of closing off this discussion and forming a transition to the next:

Th.: I'm glad it's working
 Clt.: ..°(it is)

She now goes on to the next question, which begins subsegment g. This involves positive experiences between Wendy and Nicholas. She says:

- g.01 Th.: how 'bout Nicholas, was there something hee, did th't made things kind of nice °(b'tween th'two of you..(3)..anything special that he said nd- or he did)..or 'e didn't do

Again, Wendy doesn't have an incident to relate, although she pauses for several seconds before answering, presumably trying to think of one. When she begins to speak, it is in a low voice, as though apologizing for not having an incident. She begins in her usual fashion with a general statement. This kind of statement sometimes, although not here, becomes the abstract for a story:

.05 Clt.: ..(5)..^o(little things he..I think..I wouldn't)
say anything big th't I could remember
//specifically

Th.: mmhm

Th.: mmhm

She continues, and, as with the sixth session, when she was also unable to point to any one example, she reports that things between them are generally better:

.10 Clt.: but it's overall

Th.: o.k.

Clt.: pattern is- is-, it's more, pleasant somehow

Th.: ^o(o.k.)

In the last session, Wendy's comparison between "then," and "now" was a means of indirectly voicing a complaint. This time, however, the focus is on herself, rather than Nicholas. Her decision not to yell at him for things she ordinarily would before is the source of the change. In the past two sessions, she has begun to express a new understanding of Nicholas's capabilities and limitations as a child. Here, she makes her fullest statement so far. She says:

.15 Clt.: ..(3)..he still has 'is moments where, y'know
..I would..at- at the point befo:re

Th.: ^o(mmhm)

Clt.: I was I would, probably just, yell at him

Th.: ^o(mmhm)

Clt.: ^o(y'know), but now I- I tend to overlook those

.20 things somehow..°(b'cause)
 Th.: °(yeah)
 Cl.: I realize he is a child..°(y'//know)

Paralinguistic cues: pauses for three seconds before speaking, then pauses briefly twice more; corrects self when referring to time "before;" elongates word, "before" for emphasis; uses, "probably just" to mitigate the statement that she would yell; emphasis on word, "yell;" uses word, "somehow" instead of an explanation for how she is able to overlook things; word, "because" in a low voice, as though not sure of explanation;" final, "y'know" in a low voice, stands for the implications of his being a child, without her saying them.

Expansion: Cl.: <IV. there are still times when Nicholas does things that, the way I was before, I would yell at him for. But now {Control}, I tend to overlook those things (although I'm not sure I understand how I manage to do so) because {Understand-W} I realize he is a child, and I can't expect too much of him.>

Interaction statement: Wendy explains that she has changed, and no longer yells at Nicholas for the things she would have before. She thereby asserts that {Good client-W} she is a good client who has learned from the therapist and changed her behavior. She also asserts that she is {Good mo-W} a good mother who doesn't yell at her child for small things.

The therapist's comment underscores the importance of the change. Her use of the word, "somewhat," though, is unexpected. It minimizes the extent of the change, just as she is calling attention to it's importance. Wendy's, "I think" appears to begin a new thought, which she breaks off as the therapist continues talking:

 Th.: °(yeah), //so y've changed th'way y'look at
 Cl.: °(I think)-
 25. Th.: him somewhat

Paralinguistic cues: uses, "somewhat" to minimize, and therefore mitigate the degree of the change.

This statement introduces a proposition which has been implicit for a long time. It is {Change}, Wendy has changed the way she thinks about Nicholas and acts toward him.

Expansion: Th.: <IV. from what you're telling me, I can see that {Change} you've changed to a better way of thinking about Nicholas.>

Interaction statement: The therapist compliments Wendy for having changed. She accepts her as {Enlight-W} an enlightened parent who knows the correct way to treat a child. She thereby asserts {Teach-Th} her role as teacher, and as the one who defines right and wrong, and gives compliments.

Then Wendy expands on the change in her thinking, showing that she really does possess a new understanding of Nicholas as a child.

Cl.: yeah I think before I was..puttin' im in a h--.
I would say higher-, in a more grown-up
bracket

Th.: °(ohkay)

.30 Cl.: where I was expecting too much of him

Paralinguistic cues: hesitant, interrupts self, corrects self.

Expansion: Cl.: <IV. Before I was thinking of Nicholas as more grown-up than he actually is, and I was expecting too much of him.>

Interaction statement: Wendy demonstrates that {Understand} she possesses a new understanding of Nicholas's abilities and limitations. She thereby demonstrates {Good client-W} that she is a good client who has learned from the therapist, and {Good mo-W} a good mother who understands her child as a child.

The therapist's calling attention to what Wendy has said grows into a fairly long speech when Wendy passes up the opportunity to respond. She attempts to draw several connections. Emphasizing the importance of the change Wendy has just described in her view of Nicholas, she connects it with a change in her view of herself which Wendy has not expressed, but is implicit in her stance toward her mother, that she sees herself more as a grown-up. Then she draws a connection between Wendy's new attitude toward her-

self and her new view of Nicholas. She begins by saying:

Th.: °(o.k., o.k. I think that that's important for us o.k.) so what you're saying is I s-y'see Nicholas more °(as a child now)

Paralinguistic cues: "I think that that's important..." is bracketed by "o.k.'s," emphasizes importance of what she wants to point to; begins in low, soft voice; drops voice for emphasis; emphasis on words, "child."

Expansion: Th.: <IV. I believe that what you have said is important for the work we are doing. What you're saying is that {Understand} you see Nicholas more as a child now.>

Interaction statement: The therapist calls attention to what Wendy has just said, and identifies it as important.

She waits a few seconds for Wendy to respond, and when she doesn't, continues:

.35 ..(3.5)..°(yeah) well I guess, part of what that is also related t'the fact that y'seem t'see yr'self more as a grown-up

Paralinguistic cues: pause of 3.5 seconds, followed by "yeah," covers the fact that Wendy did not take a turn; use of phrase, "well I guess...the fact that," and words, "seem" and "more" makes what follows indirect, and therefore mitigates statement; emphasis on word, "grown-up."

This statement by the therapist introduces a final proposition, {Grown-up-W} Wendy now sees herself as a grown-up whereas she once did not.

Expansion: The reason that you see Nicholas more as a child is {Grown-up} that you now see yourself more as a grown-up than you did before.>

Interaction statement: The therapist identifies what Wendy has said as important. She makes a connection between what Wendy has said about her understanding of Nicholas, and what she has observed about Wendy. In doing this she assumes her role as {Teach-Th} teacher.

Again, the therapist waits for Wendy to respond but when she doesn't, she continues. She goes on to connect Wendy's self perception with what she had said earlier, about

hitting Nicholas in order to meet other people's expectations. In trying to please her mother, Wendy saw herself more as a child than as a grown-up. She says:

..(2.5)..you were saying that
y'thought maybe th'reason that ~~maybe~~ you acted
out against Nicholas sometimes was more
t'please your mother..an other people which is
.40 something a child does only a child wants
t'please grown-ups
Clt.: ..yeah

Paralinguistic cues: emphasis on words, "Nicholas," "mother," and "child;" use of indirection, phrase, "you were saying y'thought maybe" and, "sometimes" as mitigation; use of term, "acted out," as a way of naming what it was Wendy did.

Expansion: Th.: <IV. you are saying that the reason you yelled at and hit Nicholas was to please your mother and other people you have mentioned, rather than because you thought it was the right thing. This is an example of how you used to see yourself as a child, because wanting to please grown-ups (by doing what they want, rather than using your own judgement) is something a child does. Only a child wants to please grown-ups that way; a grown-up doesn't.>

Interaction statement: The therapist gives as evidence of Wendy's change, the fact that she used to think of herself as a child and want to please her mother and other people. She thereby {Teach-Th} continues to exercise her function as a teacher.

Then she restates and strengthens her point about the connection. Now that Wendy is able to see herself as a grown-up, she can see Nicholas as a child. Wendy shows that she is following by offering an ending to the therapist's sentence. She does so, however, in a very low voice, which does not claim the floor, and the therapist continues talking. The exchange is as follows:

Th.: so maybe just th'fact of looking at y'self as a
grown-up..automatically makess-, makes it very
.45 obvious//that he's a child
Clt.: (°(th't he's)

Wendy accepts the therapist's connection, but at least at first, in a tentative way. Speaking in a low voice, and in a monotone, she says:

Clt.: ⁰(yeah I never thought of it that way)

A general comment by the therapist underlines the point she has made:

Th.: y'know everything fits in

Clt.: ⁰(yeah)

.50 Th.: nothing, is isolated, everything always has a-
a consequence

Wendy repeats her surprised acceptance of the therapist's point. At the end of this exchange, she laughs, perhaps indicating her pleasure in seeing the connection.

Clt.: I never- I would never would have looked at it
//that way

Th.: yeah

.55 Clt.: that way

Th.: yeah,

Clt.: ((laughs))

The therapist's next statement is one of praise for the changes Wendy has made, as well as encouragement to continue making more changes. It also forms a transition to the next section of the posttest, the closed ended questions.

Th.: well I think you started to look at a
lotta things in a different way Wendy nd it,
.60 seems t'be helpful for you..t'look at ⁰(some
things)..o.k. now we'll run through this here...
[tape continues]

The Posttest in Context

While, like the pretest, the posttest serves as a research instrument, and is, therefore, different from the therapy sessions which proceeded it, it is also a continuation of the therapy, much as the pretest was its begin-

ning. In this session, whose formal purpose is gathering research data, the process of shaping of ideas which was the substance of the therapy continues.

In the final meeting, the discussion takes up many of the themes introduced in previous sessions, and, in a sense, moves toward tying up loose ends. The repetition of themse through the sessions, culminating in the posttest is partly due to the focused nature of the therapy, and to the questionnaire, both of which served to limit the range of discussion, and ensure a repetition of certain general themes from start to finish. Partly, also, since the posttest is as an opportunity for wrapping up, the themes which have run through the pretest and the six therapy sessions, are expressed here in a form which comments on what has gone before.

The incident Wendy related in this segment shows impressive progress, but it also mirrors the one she related in the first session. In that session, it was Wendy who was helpless to control Nicholas, and a third person came and coaxed him out of the situation. Now it Wendy's mother who plays Wendy's former role, and is helpless to control Nicholas, while Wendy is now the third person who comes along and, takes charge and gets Nicholas to obey. The theme of Wendy's helplessness, which was advanced from the beginning of the therapy has been turned around, and while helplessness occurs in this session, it is now not Wendy's, but another person's.

By the the posttest, Wendy feels that the issue of hitting is actually in the past, and she can discuss it in

terms of her new self definition, as someone who used to yell at and hit her child but now has gotten help, and no longer does. This new self definition is expressed in stages through the first segment of the posttest.

In the first subsegment, it appears in the form of the contrast between Wendy's new attitude toward hitting, and her mother's. In the second, it expresses itself as her new understanding of Nicholas's needs, and her stance as an enlightened parent. In subsegment d, she develops the contrast between herself and her mother, and shows herself resisting her mother's pressure to behave harshly toward Nicholas. Next, there is a discussion which refers back to the sixth session, of her giving Nicholas sufficient attention, although, here, she does not appear to be fully satisfied with what she describes. Finally, there is her realization that much of the hitting and yelling was for the purpose of trying to please others, and therefore, did not fully reflect her own way of raising her child. This is an issue which was introduced in the third, or possibly the second session, although without the self-awareness she shows in the posttest.

In the concluding chapter, which follows, I will discuss the therapy as a whole, as well as some of the issues raised in the analysis of the sessions.

CHAPTER XII

DISCUSSION AND CONCLUSIONS

Limitations of this Study

Before discussing the conclusions of this study, it is necessary to point out some of its limitations. First, the study was intended as exploratory. While its purpose has been to document cognitive change through the course of a complete therapy, it is not possible to generalize from the results of this study to all other instances of therapy, or even to other instances of therapy conducted in a similar format. Rather, its results are suggestive rather than in any way definitive, and offer directions for future research.

Second, in a study such as this there is a danger of reifying the constructs developed in the process of analysis, of forgetting that they are just that, constructs, and of according them and the conclusions derived from them objective status. Conversation is an ephemeral phenomenon, and to fix it by recording--a process which produces a selective representation of what occurred--and by transcribing--which results in a translation from the oral to the written, with all the drawbacks of any other translation--necessarily takes what occurred out of context and thereby distorts it. Likewise, attempts to select out significant features are guesses as to what might be

important. While these guesses may be based in an intellectual tradition, they are guesses, nevertheless. Finally, the change in scale distorts. Pittinger et al. (1960 cited in Labov and Fanshel, 1977) call attention to "the dangers of microscopy." To minutely analyze what took place in seconds, and not within the full awareness of the participants, and present it as what was significant in the interaction runs the risk of creating a false picture of the interaction as a whole and of the significance of those features which are highlighted. The foregoing is not to minimize what can be learned from efforts such as this. They can produce a insights into a complex and elusive process, which, however tentative, can be obtained no other way.

Thirdly, while this study made use of the analytical framework developed in Therapeutic Discourse (Labov and Fanshel, 1977), and was in a sense an attempt to replicate that study, the use of the analytical framework was different. The use of the elements of the analysis was looser here than in the original. For example, there was no systematic attempt to apply the discourse rules developed in Therapeutic Discourse and to derive the interactional content of the dialogue using these rules. Likewise, the decision not to use the interactional vocabulary developed by Bales (1950, cited in Labov and Fanshel, 1977) contributed to a certain degree of imprecision in the characterization of interaction. The differences in

the use of the analytical framework are due first to my lack of training in linguistics, and therefore my limited ability to make use of the more technical aspect of Labov and Fanshel's approach, and next to the different nature of the two studies. One of the purposes of Labov and Fanshel's (1977) work was to examine the underlying structure of conversation, and to develop a set analytical procedures for that purpose. The intent of this work, however, was to document a process through a series of therapy sessions. To do this it was necessary to examine a large volume of material, which necessitates a lesser degree of precision than that used by Labov and Fanshel.

A final limitation of this study is that the focus on the microanalysis has precluded the development of a structure for looking at the overall development of themes, aside from their appearance from moment-to-moment. To an extent, in fact, the the microanalytic structure, although it is the means of discovering the themes which run through the six sessions, tends to interfere with the presentation of those themes and makes it difficult for the reader to follow them. The nature of the project, however, seems to me to pose the question of a trade-off between depth and breath. I made the decision for depth, and now must live with the limitations that decision imposes.

Issues in the Therapy

Progression of Themes Through the Sessions

In the analysis of the eight meetings, the six therapy sessions, the pre and posttest, a number of themes have emerged: the degree to which Wendy has learned the cognitive behavioral technique, her complaining about Nicholas, her inability to control him, her desire and ability to stand up for him when he is criticized by others, and her finding a means of functioning as a parent without either on the one hand abdicating control, or on the other hand yelling or hitting. These themes can now be looked at in the context of the therapy as a whole.

However, in considering the first of these themes--the technique--it is important to bear in mind that the random assignment of clients to therapists and to treatment conditions necessitated by the nature of the research project meant that the normal procedure of attempting to match the therapeutic approach to the client's needs, as well as to her cognitive and emotional style, could not be done. Rather, the assignment of Wendy to that particular therapist, and to the problem-solving technique, was a matter of chance. The nature of the therapy therefore was in that respect constrained by the requirements of the research.

There is a progression through the eight meetings in which certain events stand out as indicators of the change

which is occurring. In each of the sessions, there were certain significant moments in which a change was made evident; Mahrer's (1985) concept of "moments of movement" is relevant in considering how this change manifested itself.

Although both the pretest and posttest sessions were intended to be outside the therapy proper, since their purpose was information gathering, the therapy process, as I have attempted to show, actually began in the first segment of the pretest and continued through the posttest. The issue of change first arose in the pretest session when the therapist was able to redefine for Wendy the significance of her efforts that morning in getting Nicholas to leave the house with her. While Wendy presented the incident as illustration of how difficult Nicholas is, the therapist took it as a demonstration of Wendy's success in controlling him and, by implication, of her ability to do so.

In the pretest and the first segment of session one Wendy put forward her position vis-a-vis Nicholas, and the difficulties she had been having with him; that he does not obey her; that he is constantly getting into trouble; that he is unreasonable; that when he does something wrong, she has to scold or threaten--she implies, but does not yet say "hit"; and that therefore, he requires extreme measures to control him. When he is extremely upset, she cannot control him, and it requires a third person to do

it. Herself, she presented as a reasonable person and a good mother, struggling with limited funds, who believes in talking calmly to a child rather than yelling and hitting.

In the first session, she showed herself as unable to stand up to him when he throws a tantrum. However, elsewhere in the session she showed a playful affection for him. In the incident she related in the final segment, she again showed herself as not able or not willing to stand up to him, in this case, when he merely wanted something and was not having a tantrum. Rather than have to say "no" to Nicholas, she allowed her husband to give him permission to go outside, despite her judgment that it was the wrong thing to do.

However, for Wendy, the process of change had already begun. She announced that she had begun to treat Nicholas differently, and said that she now tended to think before rushing into things and getting angry. She credited the last week's session, the pretest, and the opportunity it gave her to talk about what had been troubling her, for this. Whatever else her statement may mean, Wendy was saying that she badly wanted to change.

A pattern, with respect to the therapist's teaching of the technique, which I have highlighted in my analysis of the second session, actually began in the first and persisted through the later sessions. The therapist introduced the technique and made her first efforts to

teach Wendy to use it. She attempted to use as material, both to illustrate the problem solving approach and for Wendy to practice using it, incidents from her life which Wendy had presented as difficult for her. However, Wendy consistently seemed to miss the technique portion of the therapist's presentation and responded only to the illustrations.

In the second session, this pattern is evident. The therapist's efforts at teaching the problem solving technique run through the entire session, but Wendy consistently responded not to the technique, but to the content from her own life, and alternations between the therapist's efforts to teach the technique and discussions of events from Wendy's life were characteristic of the second session. This is illustrated in the final segment when what the therapist intends as her final review of the technique leads into another discussion of the incident Wendy had presented earlier.

The final segment contains a significant interchange, a "moment of movement." The therapist challenged Wendy's passivity in the face of her sister's attack on Nicholas, and offered the idea which later became an important theme in the therapy, that Wendy should stand up for Nicholas when others are unfair to him.

The third session was like the second in that the therapist's efforts to have Wendy take an active role in practicing the use of the technique proved largely un-

fruitful. She did much work reviewing the steps of the technique, and first concentrating on anger as the warning signal, she tried to get Wendy to identify moments when she felt strongly angry with Nicholas. When Wendy was not able to acknowledge more than a small amount of anger, the therapist moved to the next step in the process and worked at having her define her doubts concerning her performance as a mother as a "problem" to be solved using the technique. Although Wendy did not directly acknowledge that she was articulating a problem in the context of the technique, she was able to answer the therapist's question as to the nature of the problem confronting her in a way that redefined her situation.

This occurred near the end of the third session and constitutes another "moment of movement," actually the turning point of the therapy. Wendy had begun the session by complaining about Nicholas's not listening, but at the therapist's prodding, acknowledged her doubts about herself as a mother and her feeling that she had to make up for his father's absence. The therapist, in teaching the technique, presented Wendy's own doubts back to her, but at the same time assured her that the fact of her being a good mother was uncontestable. Wendy, confronted with all of her frustrations, and at the same experiencing support from the therapist, first broke down and cried, but then was able to articulate a new understanding of her situation based on the previous week's discussion. Instead of

saying that the problem was "Nicholas's not listening," it became that she was being told by others that he wasn't listening. This led to a change in her orientation toward him, in which she would no longer be his chief critic, but would take his side against others complaining about him.

In the fourth session, the pattern of the previous sessions continued. The therapist, in teaching the technique, used the incidents Wendy related and Wendy responded to the content rather than the technique. Also, at the beginning of the session, the change in attitude reached by the end of the third had not yet been fully integrated. The session began with Wendy reiterating her initial complaints about Nicholas, that he doesn't listen and will only cooperate when he is essentially bribed to do so. Soon after, however, she related an incident which demonstrated that, when Nicholas came in for criticism, she was as at the end of the third session, fully on his side. However, although she wanted very much to be able to do so, she was not able to stand up for him against those whom she felt were treating him unfairly.

In previous sessions, the therapist had labeled Wendy's responses to Nicholas's behavior as, in line with the technique, solutions which either did or did not work. In this session, she went a step further; she identified Wendy's desire to speak up for Nicholas, which she had not been able to act on, as a solution which she has not been able to implement. She then presented implementation as a

problem for further solution.

Toward the beginning of the session, there is a moment of movement. Wendy reported a week that had gone more smoothly than heretofore. At first she attributed it to Nicholas's having seen his father who had spoken to him about his not listening, but then also credited it to her being a little calmer than formerly. The therapist first concentrated on elaborating the latter explanation, but then returned to ask Wendy about her husband's role. In answer to the therapist's question, Wendy now minimized her husband's part in the change, and she herself took the credit. She said that she had tried to be calmer and not jump at Nicholas as she had done before.

In the fifth session, the pattern, established in the first, in which Wendy would respond to the therapist's exposition of the technique in ways that directed the discussion away from the technique, changed. Although she didn't identify what she now reported doing as using the technique, the therapist did, and there followed an extended discussion, running through the session, in which Wendy's understanding of new behavior she reported was increasingly refined in the direction of the technique. As the dialogue progressed, the therapist placed what Wendy was describing in the context of the technique, and Wendy, using the therapist's vocabulary, went on to tell how she was handling Nicholas's behavior which in the past would have gotten her quite angry.

Later still, in a part of the session I did not analyze, Wendy specifically referred to the beginning steps of the technique. She said she was trying to be a little less angry with every situation, and that she was able to stop herself from getting as angry as in the past. She added, however, in one of her first unambiguous references to the technique, that she was having trouble coming up with solutions.

In the sixth session, Wendy opened with a positive statement about Nicholas, the first time she had done so and then describes a positive change in him, that she was able to see him being more confident and a happier child. She then attributed this to a change in her way of relating to him that she wasn't hitting him as much as she used to. She then reported another change, that she was making an effort to talk to him. The discussion of talking to him led then to a description of how she was trying to give him more of her attention, rather than putting him off, as in the past. Consequently, he was much less difficult than formerly. Somewhat later on in the session, she attributes the improvement to her looking at things from Nicholas's point of view.

In this session, the therapist did not go over the technique, rather, her efforts were chiefly directed to reinforcing Wendy's new behavior toward Nicholas and her new empathy for him. Late in the session, in a part I did not analyze, she attempted to demonstrate to Wendy that,

based on the change she had described, what she had been able to do for Nicholas, and what she had to offer him was, contrary to what she had articulated in the third session, actually enough, and that although she had only been giving him little things, those things--some attention, a hug--were the things he needed. In comparison to what she has to offer, Wendy then described her husband's and her mother's indulging of Nicholas, and giving him anything he wanted, to which the therapist responded by taking the remainder of the session to support her efforts to set limits.

In the posttest session, Wendy was able to tie together some themes from previous sessions. She described an incident involving her own mother to illustrate that while she can now control Nicholas, her mother cannot. She demonstrated both empathy for him and that she was now able to reason with him, in contrast to the early sessions when he would not respond to her attempts at reason. As she reported how she told him not to speak to his grandmother the way he did, she used words very similar to those the therapist had used in the second session telling her how to tell him that he shouldn't speak disrespectfully to his aunt. Somewhat later, she described, again, as in the sixth session, how she was now, making an effort to listen to Nicholas, only this time her description was in stronger terms than previously. Wendy also repeated an insight she had reported in the third session,

that she had been yelling more to please others than because she had wanted to herself.

The therapist's role in this session was more restrained than in the previous sessions. She did not attempt to place what Wendy was describing within the framework of the technique, but rather encouraged and attempted to make explicit Wendy's new attitude. She offered such interpretations, as that Wendy had been behaving more as her mother's daughter than as her son's mother

What Wendy Learned

Although Wendy demonstrated change from week to week--and often dramatic change--the question remains: did she learn enough to avoid hitting Nicholas in the future? In my examination of the sessions, certain things become apparent. Although Wendy does not appear to have learned the entire problem solving technique, she did learn the first steps, to identify that she is angry or upset and to stop and think before reacting.

However, the whole content of the therapy was not confined to the problem solving technique. The therapist both put forward a number of ideas of her own and supported or encouraged Wendy in a number of directions which she herself had chosen to take. Among these were: she first urged, then supported Wendy's taking Nicholas's side when others are unfair to him, she encouraged Wendy to be empathic with him, to think of herself as a good mother,

to think of him as not a bad boy, and to think of herself as having control over her own behavior, even if she could not control Nicholas; she urged Wendy to pay attention to the effect other peoples' treatment of Nicholas was having on her and therefore the way she treated Nicholas because of it; she drew the connection between the way Nicholas is treated and the way he acts, and between the way Wendy acts toward him and his behavior; and she encouraged Wendy's setting limits for Nicholas. Above all, she provided a means for Wendy to talk about and to think about her situation, to ventilate, and have a receptive listener who would be on her side at a time when she felt criticized by so many others.

Quite early in the therapy, it is clear that Wendy was struggling to make use of what the therapist put forward, and in many cases, was able to do so. By the second session she began to make use of the therapist's vocabulary and with it many of her ideas as well. For example, empathy with Nicholas surfaces early, also in the second session. When therapist asks, "I wonder what Nicholas was thinking," she is able to give that serious thought.

However, progress did not run in a straight line. What seems to have happened is that Wendy made two shifts. The first of these is the change in perspective from Nicholas as persecutor to Nicholas as victim, which really began in the second session, although Wendy was not able

to articulate it until the third. The second shift occurred in the fifth session, when Wendy announced change, but was at first unsure whether to take credit for it herself or to ascribe it to the visit with her husband. In the ensuing dialogue, with the therapist's active questioning, restating, etc. she came by degrees to at least partially take the credit for herself. In session six, she again reported improvements in Nicholas's behavior, and was able to recognize her contribution, and in the posttest, she reversed roles with the "lady" in the first session who intervened to get Nicholas to cross the street, and actively took charge when Nicholas was being extremely difficult.

By the last session, then, she had integrated much of what the therapist had said in previous sessions and was using it along with her own favored approach--reasoning with Nicholas--which she reported was now working for her, whereas in the past it had not.

The problem solving technique was the focus of the therapy, and while Wendy learned the preliminary step of that approach, recognizing anger, she seems to have learned the following step identification of a problem only imperfectly, and the next step, the systematic search for a solution to the identified problem, almost not at all.

However, what the therapist taught, and what Wendy learned, also had components of the two other cognitive behavioral approaches which were part of the project. For

example, the cognitive restructuring approach involved changing "the maladaptive cognitions of the parent" (Whiteman and Fanshel, 1986, p. 31). Among the areas of concern were "the significance [of the child's behavior] for the client's self-esteem--what does the child's disobedient behavior signify for the client" (p. 32), and the promotion of empathy toward child. Both of these played a role in the therapy. Also, although the point that one should recognize one's anger and not act out while in an emotional state was part of all three approaches, (Whiteman and Fanshel, 1986). Further, although Wendy was not taught the specific exercise which was part of the relaxation technique, what she came away from the therapy with--that she was able to recognize her anger and not act until she became calmer--is the aim of the third technique.

Wendy as a Client

Having looked at the process of change in the therapy, I will now look at what the analysis revealed about Wendy and her situation with respect to the question of anger and its potential connection with abuse.

Although it is not possible to extrapolate from Wendy's situation to all parents who abuse children, if, in fact, Wendy had been actually abusing Nicholas, there are certain important features which may illuminate the situation of parents who use excess force.

Goffman (1963) describes the many ways people possessing a stigmatizing condition attempt to manage their self-presentation in such a way as to preserve as much self-esteem as possible. For Wendy, her anger, in general and especially toward Nicholas, and the yelling, threats, and hitting, which resulted from her anger, constituted such a stigmatizing condition.

Throughout the therapy, she consistently attempted to distance herself from both her anger and its results. In discussing specific incidents, she shied away from acknowledging anger, never admitting to being more than "a little mad." She never, either in the segments I have analyzed or elsewhere on the tapes, describes an incident in which she actually yelled at or hit Nicholas. Rather, she consistently spoke of her anger, and the yelling and hitting which accompanied it, in the past tense, as something she used to do. Her dilemma was that she was quite troubled by her anger, and especially by the yelling and hitting which accompanied it. While, she very much wanted to present herself as a parent who is reasonable, and does not get angry, her unease caused her to acknowledge what troubled her, and to continue to hint at it through the sessions. She wanted help both in seeing herself as a good parent in spite of the yelling and hitting, and in stopping.

Wendy's reluctance to acknowledge her anger was part of a general self-presentation in which she was the

reasonable person, surrounded by people who were anything but. Her stance was one of helplessness, and in the service of this stance, she found herself unable to be forceful with Nicholas or anyone else. Stoller (1979) describes a similar masochistic stance adopted by one of his patients as, "a "can't lose" position disguised as a "can't win." The other person is always the brute, she is always the victim; but at the level where the action is secretly the victor. She has demonstrated the alleged attacker's cruel inhumanity" (p. 116) This could apply equally well to Wendy, who, in the sessions, presents a number of people as attackers. The first is, of course, Nicholas, but her sister and brother, the lady in the park at the end of the third session, and Jason in the fourth session are people she portrays as persecutors, although of Nicholas rather than of herself. In seeing others in this way, she is able to maintain a stance of innocence.

Consequently, she found it difficult to acknowledge acting unreasonably toward her child, although his behavior actually infuriated her, and she was taking out on him her frustration over the complaints she was receiving about his conduct. Without yelling, threats, and hitting, which she so disliked in herself, she was unable to control Nicholas. But her general ineffectuality, her inability to stand up to anyone whom she perceived as acting unreasonably toward her, made her that much more frustrated.

In the sessions, despite a general movement toward a greater awareness of her own interactional role, Wendy vacillated between recognizing her role and externalizing both problems and change. Her tendency was to see Nicholas's behavior as both the cause of the problems and the cause of their abatement. In the later sessions she goes back and forth, first recognizing her own role, then focusing on Nicholas, or some other person, or circumstance, as, as the cause of the problems: for example, in the fifth session, her husband.

Nevertheless, by the end of the therapy, many of these tendencies are either no longer in evidence or much lessened. The incident in the posttest session illustrates Wendy's new means of handling Nicholas's misbehavior. What Wendy appears to have learned is that it is possible to avoid confrontations with Nicholas, and she actively looked for ways to avoid them. Consequently, Nicholas was less expecting of confrontations, less angry with his mother, and easier to get along with.

One question which is suggested by Wendy's progress was why did it occur in just these eight sessions. While it may not be possible to arrive at a definitive answer, one thing which the analysis suggests was her intense frustration with things as they were, her embarrassment based on her belief that she had been identified as somebody in need of treatment, and consequently a strong desire to change. Also, she was not committed to violence toward children, either as an accepted way of doing

things or as something she saw as a part of herself. Her discomfort with force was, paradoxically, a means of propelling her to search for ways to find a way of being forceful, but without having to do what she so disliked in herself, yelling and hitting.

The Therapist

Analysis of the sessions revealed, on the one hand, that the therapy, and therefore the therapist, was quite effective. However, on the other hand analysis also revealed a striking feature of her style which should not go unremarked, her tendency to give lectures. In general, lecturing is not considered good practice in therapy. According to Kadushin, (1983) the more competent interviewer "conducts the interview so that the ratio of talk time clearly favors the interviewee," (p. 398), and the opposite is true of the less competent interviewer. Schulman (1984) refers to lecturing as a response to the social worker's own defensiveness. However, neither author was describing a form of therapy where the therapist also teaches a specific technique for handling problems. An examination of sample excerpts of sessions in rational emotive Therapy, and in behavior therapy (Corsini, 1973), approaches having affinities with the one employed here, show in both fairly lengthy passages of speech on the part of the therapist, although perhaps not to the extent that it occurs in these sessions.

Leaving aside the degree of skill possessed by the therapist, and the analysis of the sessions show that, at times, she was quite skillful, her tendency to lecture requires some explanation.

There are several possible explanations, or perhaps several aspects of one explanation for this feature of her approach. One possible part of an explanation is that having taught for twelve years, giving lectures was something she was normally inclined to do. However, there is a further piece of explanation directed to the specific therapy situation. The therapy was limited to six sessions, and there was a complicated technique to teach. Having to pack everything into those six sessions, she was unable wait for Wendy to come to her own understanding and felt that she had to give it to her. Also, in the first four sessions, Wendy appeared to be unresponsive to the technique, the subject of the majority of the therapist's lectures. Finally, it must be kept in mind that the therapist was practicing a form of therapy which was new to her, and whose logic often tends to run opposite to that in approaches which social workers generally learn. The lectures may therefore be a response to the therapist's sense of urgency about teaching the technique and to Wendy's nonresponsiveness to it. This may be so even though the therapist may not have been consciously aware of the degree to which Wendy was not responding to her teaching.

The sessions, and especially the early ones, tend to have a disjointed quality as they frequently shifted from a focus on the technique, which often involved some amount of lecturing by the therapist, to a discussion of the events in Wendy's life, which generally did not. This disjointed quality might be explained by the fact that the therapist was in a position of having to respond to two imperatives, to be attentive to Wendy's emotional process and also to teach the technique. The therapist may well have allowed Wendy to change the subject away from the technique as frequently as she did, because she had a conviction that despite the stated purpose of the therapy, the discussion of other concerns was equally as important as the technique.

Also, some of the disjointed quality in the sessions may have come from differing assumptions as to the nature of the therapy held by Wendy and the therapist. Wendy often treated sessions like conventional therapy, and interestingly, although she denies previous therapy experience (see Chapter IV), she seemed to know very well how to act, at least in conventional therapy. She talked about the things which troubled her; she stayed on the topic of her own life; and, at least in the later sessions she was reasonably introspective. She did not, however, respond at least at first to the therapist's expositions of the technique, something which may not be an expected part of therapy.

Self-Presentation as the Motor of this Therapy

The contributions of both participants contain large numbers of propositions, as well as material for a great variety of potential topics. Some of these topics, and many of these propositions do not recur from session to session, but many do. This, no doubt, happens in all conversations. We jointly decide to talk about some of the things which are brought up, but not others. In therapeutic conversation, where the purpose of the conversation is to bring about change, and the only medium for creating this change is conversation, the question of how certain things which are mentioned become topics, and how the propositional content within these topics is shaped and reshaped by the conversation is key to understanding how the medium of talk in therapy brings about change.

One clue to this process is offered by the principle of immanent reference. By the principle of immanent reference, it is part of the nature of conversation that the participants are engaged in a process of defining themselves, to themselves and to each other, in the context of the conversation. In the kind of focused encounter continuing over several meetings, which therapy is, the process of self-definition continues as long as the participants continue to meet. Therefore, any unsatisfactory presentation, which would contribute to an unsatisfactory self-definition, can be reworked until it a satisfactory

resolution is achieved, and later meetings will very likely show the attempts to repair damage done in an earlier one.

In this therapy, from the first session on, there are instances of Wendy being obliged, by the particular nature of the therapy interaction and by the focused nature of this type of therapy, to present herself in ways with which she is highly uncomfortable. She begins almost immediately, following the therapist's lead, to rework these undesirable self-presentations, as in the final part of segment A in the first session. She attempted to remedy her appearance of helplessness in the story she told, by describing her potential forcefulness in the way she would handle Nicholas if a similar incident should occur in the future. These self-presentations continue to be reworked right through the posttest session.

Wendy felt herself to be placed in a bad light by any admission of yelling, and even more so hitting. This is evidenced by her extreme hesitancy to acknowledge and discuss the issue in any terms other than as something in the past. However, by the last few sessions, Wendy felt reasonably confident that the issue of hitting was actually in the past, and she then could discuss it in terms of her new self-definition, as someone who used to yell at and hit her child but now has gotten help--and so no longer does.

The therapist, engaged in her own effort of self-

definition as one who is able to help and who knows what is right, contributed in several ways to Wendy's struggle to define herself in a positive way. One of the ways she demonstrated her own helpfulness was by helping Wendy rework her self-presentation. Her passing over Wendy's hintings about anger, yelling, and hitting is one example, but she also actively worked to help Wendy see herself as forceful with Nicholas, and as a competent mother. In doing this, she guided the discussion, defined its terms, encouraged or discouraged certain ideas and formulations, and suggested formulations of her own. Her final formulation, for example, which occurs in the posttest session, that Wendy now sees herself as an adult, and therefore no longer needs to please her mother as a child would, constitutes the summation of Wendy's new self-definition.

Discourse Analysis and the Social Work Interview

Elements of the Methodology

A general statement of the role of the methodology in this study would run something like, "the closer you look, the more you see, and the more you look, the more you see," and whatever value the separate elements of the methodology may possess, as analytical devices, they are principally a means of looking.

The major components of the microanalytic approach used here: the paralinguistic cues, the expansions, and the interaction statements, each ask different questions whose answers lie in the data, the written text, and supplementing that, the actual recording of the session.

For each utterance, the paralinguistic cues ask the question, what was actually said; what words were used, and how were they used? In looking over the mass of conversational data contained in a transcript, or even in a very small portion of one, it is easy to form a general, and at least partly mistaken, impression of what the speaker said, therefore missing some important aspect of the significance of the utterance. The necessity of having to identify the paralinguistic cues forces close attention to the actual record of the interaction. However, there are two difficulties that arise in the actual work of listing the paralinguistic cues. The first lies in the fact that it may be reasonably easy to recognize a feature of what was said, but difficult to describe it. The second difficulty is that there are generally so many features to a particular utterance, that it is not necessarily obvious which of them are the significant ones. For example, a long string including pauses, stutters and false starts can be described in a number of ways, and in a sense, which features to point to, and what to call them, self-correction, self-interruption, hesitation, false starts, or all of the above, becomes a matter of

judgement. Often the answer lies in an examination of the context, in an attempt to create an expansion, and in the mutual correction of the paralinguistic cues by the expansion, and the expansion by the paralinguistic cues. As an clue to meaning, the paralinguistic cues depend very much on context since the same paralinguistic features may have different meanings in different situations.

The expansions are an investigation of context, and ask the question, what is the speaker really saying, a matter which can generally not be determined without reference to what has already been said by both speakers, and in some cases, as I discussed in my initial exposition of the methodology (see Chapter III), by what is to come, as well. As with the paralinguistic cues, the expansions force a close look at the text, but while the former requires scrutiny of the particular piece of text to be explicated, the latter requires that, but a look at surrounding text as well. Interestingly, while certain aspects of the paralinguistic element, particularly much of the stuttering and self-correction, defies expansion, they can often be represented interactionally.

The interaction statements ask the most difficult question: what is the speaker doing with this utterance? Answering it requires reexamining the paralinguistic cues, trying to place them in context, and then asking: what is she commenting on; and why is she saying this now? Then, since there is often more than one level of speech act

carried by a single utterance, it is necessary to ask whether there is anything else going on, enough times to be reasonably certain of understanding all possible significances of what the speaker said.

In doing the interactional statements, I found that I had to struggle to find an interactional language in which to express what I had observed. Having chosen not to use Bales's (1950 cited in Labov and Fanshel, 1977) categories, it was necessary to express a distinction between surface and underlying speech acts and between several levels of speech acts. The answers came--and they did not come easily--from the effort of juxtaposing the utterance against its context, as well as looking minutely at what was said.

The descriptive analysis asks all the questions asked by the microanalysis, but not systematically. Rather, given what has already been shown by analysis already done, certain questions appear to be relevant, and asking them may yield unexpected rewards in understanding the dialogue. Sometimes it was possible to describe a piece of dialogue before doing a microanalysis, but sometimes after the description was done, it had to be corrected because the microanalysis contradicted it. Often the process of doing the description, or doing one of the elements of the microanalysis, revealed some heretofore unnoticed feature of the text, and the premise with which I had started the analysis had to be revised, sometimes

drastically.

What is striking in the process is how easily one can miss features of the dialogue which later come to assume a major significance. The successive steps in the process: listening to the tape; reading a transcript; attempting to describe portions of the dialogue and features of the interaction observed in the transcript; systematically analyzing small portions of the texts; then relating the small portions which have been analyzed to each other--since working minutely on a small piece of discourse, often a few words, it's easy to lose sight of the whole--and then in some cases doing it all over again, are all different types of exercises, and the results are likewise different. Doing all of this in succession, however, is often a matter of successively correcting earlier impressions, until the final understanding bears very little resemblance to the first judgement about the significance of what is on the tape. Actually, it is an open question whether there can be a final understanding, since nearly every new look yields new insights, and it is possible to find some unexpectedly significant feature in a portion of dialogue which has been carefully gone over many times.

Discourse Analysis and the Interview

Although the process of looking can often be frustrating in its uncertainties, the statements "the closer

you look, the more you see," and "the more you look, the more you see," means both that there is a lot to see, and that in the final analysis, with enough looking, one can see a lot.

What I have been able to show is a highly complex process in which change comes through an interaction in which each party pays attention to what the other is saying but only partially and selectively. At times, the participants respond to each other in ways which address their own concerns, but not what the other party has said. Yet, in these instances, as Garfinkel (1967) has demonstrated, the hearer often construes what was said to make sense as a response to what he or she has said, and then respond accordingly. In this therapy, there were instances when both Wendy and the therapist did this, and while the therapist, as a trained listener, was more aware of what Wendy was saying than vice versa, in the flow of conversation even she missed significant things. Nevertheless, in spite of the areas where they missed each other they were able to work together successfully.

Selectively attentive to what the therapist has said, Wendy was, however, able to take what she could use of what the therapist gave her, and left the rest. She did not take it all at once, but in small pieces as she was ready for it.

As Mahrer (1985) has described, this therapy contained a number of moments of movement, but to understand

and identify the particular moments it was necessary to follow the process and examine both what led up to these moments and what followed.

Wendy was able to take ideas the therapist gave her, and they became very important to her, but these ideas were those which fit in with ones she already possessed. For example, the reason she latched on so strongly to the therapist's urging her to stick up for Nicholas, was that she already felt guilty for not doing so. Likewise, Wendy learned the part of the technique which most fit with her thinking at the start of the therapy, stopping when she feels provoked and taking things more calmly, ideas she expressed in the first session, but which the therapist's presentation of the technique was able to give her a means to do more consistently. In the first session, in a segment I did not analyze, Wendy had said that she was not good at coming up with solutions, and that part of the technique, in a formal sense, did not become a part of her repertoire, although in the end she came up with a solution which was based on her own ways of handling things, reasoning with Nicholas and getting him to cooperate with her.

To place the value of discourse analysis for studying the social work interview into a context, it is useful to contrast it with the process recording, the tool probably most frequently used in studying the social work interview. Process recording is primarily a practice rather

than a research tool, although it has been used in some research (see Hollis, 1968 and 1981). As a practice tool, however, the process recording is indispensable, and, even though tape recording has been widely available for at least a generation, it has not been dispensed with. It forces an act of memory which compels the producer--usually a student--in reconstructing the process to think critically about it. However, while it gives a representation of the process, it is a condensed version in which the actual language and the actual texture of the interview, is largely left out. With a process recording, it is possible to follow a process, but only up to a certain point. Much of the subtleties of the process are lost.

The value of discourse analysis in a study such as this is in bringing out dimensions of the dialogue which are both hidden and lost in the complexity. While, looking at an interaction at various levels of depth, it is possible to gain different impressions of what happened in a particular session, or in an entire therapy. Only a sufficiently detailed examination, however, can reveal how the therapy interaction actually worked: what were the actual themes which carried through the interaction, what were the points of change, what happened in them, and why were those points the ones at which change occurred. While there are many ways of determining whether a therapy was successful, or an interview went well, it is only by

looking at what transpired in sufficient detail that it is possible to know how the the outcome was achieved.

Suggestions for Social Work Education

This study suggests a number of directions for the teaching of social work interviewing. The study of therapeutic conversation, which is rarely taught in sufficient depth to reveal the complexity of the processes at work, is a rich source for insights into those processes, a means of sensitizing the student to the kinds of themes which may be hidden beneath the conversational surface, and a means of revealing reasons why effective interviewing is effective. While occasionally students have the opportunity to work with audio- or video-tape and examine their work that way, the process of transcribing and analysis adds an extra dimension which makes it possible to recognize features which cannot be appreciated any other way.

Although it may not be possible for students to examine their own work in the same degree of depth as in this study, nevertheless a more systematic examination than is generally employed in social work education would be a powerful learning tool. Where it is possible for students to tape-record their own work, the transcribing and analysis of such transcripts, possibly using a modified version of the analytical framework employed here, should reveal features of the individual's interviewing

style which could be recognized no other way. Likewise, the analysis by students of the work of experienced practitioners, done either individually or in small groups would also be a way of learning about the interactional processes at work in the interview as well as about effective interviewing techniques.

Clearly the labor intensive nature of such an undertaking necessarily limits the frequency with which this exercise could be used. Yet for students to attempt this at some point in their career would be a valuable learning experience.

Even using process recordings, an instructor familiar with the types of processes revealed in Labov and Fanshel's (1977) work or here would be able help students examine their work in a greater depth than is usually done. There are several possible strategies for the use of this material. One could either look at the overall progression of interview or at a selected portion, or at several larger segments looking for shifts in content, statements of new understandings by the client, or indications of how well the student is following the process.

The development of analytical frameworks which could be used by students for examining transcript material in sufficient depth, but without requiring long periods of intensive labor both to master the analytical procedure and to produce usable results, is a necessary step in applying the insights gained in this research to the

teaching of social work.

Suggestions for Further Studies

Discourse analysis is a research approach highly suited for the minute examination of conversational processes, such as those at work in the social work interview. The broad variety of types of interview situations encountered in social work, along with the difficulty which often arises in understanding what has transpired in an interview, especially when things have gone wrong, invites the kind of study possible through the use of discourse analysis.

This study revealed a good deal of dissonance in the therapeutic conversation. That is, participants often did not succeed in understanding or addressing what the other was saying, although, as I mentioned above, the other person acted as though they did. This study suggest that this might be a relatively common phenomenon. It would be useful to know more about this in the social work interview. How common an occurrence is it and how much and what kind of dissonance will make it impossible for the relationship to proceed?

When I first contemplated doing this study, I envisioned choosing a therapy to study which in some way presented problems. My intention was to follow an ethnomethodological strategy (Garfinkel, 1967) and to study a situation in which wide cultural differences were present,

and therefore the potential for misunderstanding would illuminate both how those misunderstandings present themselves, and also therefore what has to happen in order for participants to understand each other. I chose instead a therapy in which I anticipated that misunderstandings arising from differences in culture would be minimal. The reason for this was that I was not certain I could accurately identify misunderstandings and ascribe them, with any degree of confidence to differences in culture. While, the issue of being able to attribute misunderstandings identified in the study of an interview to differences in cultural background is still an open question. This study shows that it is possible to identify misunderstanding and miscommunications in a therapy session, and to say a good deal about them as well.

Failures in the delivery of social work services due to clients dropping away, very likely due to failures of the social worker and the client to find a means of working successfully together in a field where communication is central to the work, are a reasonably frequent occurrence. The study of these situations would be of benefit to the field in illuminating some of the ways in which miscommunication occurs.

Studies of this nature might involve first looking at some of the problematic situations which are frequent in social work. Among these situations are work with mandated clients, with persons who are foreign born, and with

children. In fact, though, as this study shows, the potential for miscommunication exists even in successful social work relationships. Studies of this nature have the potential to illuminate the ways in which people work successfully together as well as how they do not. Although the principles of the social work interview are well established (see Kadushin, 1983, for example) studies which show how they work, would also enable the profession to more successfully promote the skills which make them work.

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APPENDIX A

TRANSCRIPTION CONVENTIONS

The conventions I am using are modified and simplified from those used by Sacks, Schegloff and Jefferson (1974). Without trying to be exhaustive, I have tried to indicate a number of types of paralinguistic features which I felt were significant in this interaction.

It is important to state that this is not a foolproof or unambiguous procedure, and on different listenings to a portion of tape, certain words can appear to be either more or less run together, more or less stressed, or spoken more or less softly. Often it is difficult to establish a threshold where a certain feature can be considered significant and should be indicated. Nevertheless, with enough listenings, it was usually possible to specify, with a reasonable degree of certainty, significant features of the way words or phrases were spoken.

Pronunciation:

There are several ways I have attempted to approximate how words were pronounced on the tapes.

Spelling. To indicate colloquial pronunciation, I have made use of such frequently employed spellings as "donno," "haveta," "wanna," etc. I have also omitted letters when the sounds were not pronounced. For example, the final "g"s of words ending in "ing," such as, "goin'," etc., Contractions such as "wouldn't," "couldn't," etc. became "wouldn'," "couldn'," etc. In some cases, as with contractions of "and" such as "nd," "an," and "n," which occur frequently, I have omitted the final or initial apostrophe. Generally, however, I have used it.

Emphasis. I have tried to indicate two kinds of emphasis which speakers used. Words which are stressed are shown by underlining. Elongated syllables are indicated in two ways. The first is by placing one or more colons after the elongated vowel, for example "hu:sband," or "o::h." When a word ended with an elongated vowel, for clarity's sake, I generally avoided using a colon, and simply doubled the final vowel. I did not use this latter method if doubling the vowel would change the pronunciation, as with double "o." There I did use a colon. Where consonants were drawn out I indicated this by doubling the letter, for example, "nno," or "thiss." I have also done this with the initial "y" in yes, which occurs as "yyes," or sometimes, "yyess."

Volume:

The rare instances of higher than usual volume, I have indicated using upper case, as "NOW TELL ME Wendy." More frequently utterances are made at a low volume. I have indicated this by placing the words spoken at a low volume in parentheses preceded by this sign ^o, for example, "^o(because I used to be like that with him)."

Pauses:

I have used three symbols to indicate pauses of varying duration. A comma indicates a pause of less than a second, as "o.k., what typical kinds of things...." Two dots indicate a pause of between one and two and a half seconds, for example "y'know..it'd be better if y'go t'the camp." For pauses longer than two and a half seconds I have used four dots with a parenthesis showing length of the pause in seconds, for example "^o(I donno) ..(4.5)..I didn't get so, angry." In some cases, I have indicated pauses longer than two and a half seconds, but without showing the duration. There I simply used four dots. Usually I did this when the length of the pause was not an issue in the analysis.

Overlapping:

I have indicated utterances which overlap with two slashes, //. These indicate where the overlapped utterance begins. For example:

Th.: you're stopping now before you're//acting
Clt.: ^o(yyes)

Miscellaneous symbols:

Words in parentheses mean that I could not be certain, after a number of hearings, that they were correct, for example ^o(whereas I- (I wouldn')....I wouldn' get that upset an I wouldn't hurt). I have sometimes included what the word sounded like, even though it didn't make sense, for example, "he wen in a tantrum like a (rage it)."

I have used an empty parenthesis to indicate places where no hearing was achieved, for example, Clt.: ⁰(you could ()).

Double parentheses are used to indicate certain paralinguistic features, for example, ((slight laugh)), or, sounds which were not part of the conversation such as, ((sound of paper rattling)).

I have used a dash to indicate that that something was broken off, either a word, "beca-;" a thought, "I find I don't-..like before I'd get very upset;" or a sound, "so i- I'm gonna. I have also used dashes to indicate stuttering repetitions of words or sounds, "I stopped an I-, I- I gave myself, a little time". A dash followed by a comma indicates that there was a very short pause after the sound, "because I-, I used to be like that."

I have elipses in the normal sense that something was omitted. I have usually employed them to indicate that, for purposes of analysis, I have created a break in an utterance which was spoken without interruption.

Punctuation:

To avoid forcing speech into the conventions designed for written discourse, and thereby misrepresenting it, I have avoided using standard punctuation. For example, it is often impossible in spoken dialogue to tell where a sentence ends, or how to punctuate an utterance which does not seem to break up easily into sentences and clauses. For the same reason, I have avoided the use of question marks except where a question ended with distinct questioning intonation.

APPENDIX B

LIST OF PROPOSITIONAL STATEMENTS

Pretest

Propositions advanced by WendyGeneral propositions:

{Act}	Wendy does something about wrong behavior in her child.
{Difficult-N}	Nicholas is an unusually difficult child.
{Distinction}	Wendy makes a distinction between normal scolding to correct a child and more severe measures.
{Extreme}	Threats against a child are an extreme measure.
{N-Extreme}	Nicholas requires extreme measures to control him.
{W-Forced}	Wendy is forced to scold and threaten, things which she does not like and would not normally do.
{Good mo-W}	Wendy is a good mother.
{Know}	Wendy is a mother who knows what proper behavior for a parent is, who recognizes wrong behavior in her child and knows what she has to do about it.
{~Listen-N}	Nicholas doesn't listen.
{Scold}	When Nicholas does something wrong, Wendy has to scold him or threaten him.
{Task}	Wendy is a mother with an unusually difficult task.
{Tr-N}	Nicholas is constantly getting into trouble.

Propositions Advanced byor Referring to Role of TherapistGeneral propositions:

{Control-W}	Wendy is able to control Nicholas.
{Lead-th}	The therapist is the leader in the session.
{Define-th}	the therapist defines situations.

Local propositions:

{1} Wendy succeeded in controlling the situation.

Session One

Propositions advanced by Wendy

General-propositions:

- {~Anger-W} Wendy lives in an environment where there is very little anger.
- {Helpless-W} When Nicholas becomes sufficiently upset, Wendy is helpless to control him.
- {Interpret-W} Wendy is competent to interpret Nicholas's actions to others.
- {Less-W} Wendy is less able to control Nicholas than other people are.
- {Obey-N} Nicholas should obey Wendy.
- {~Reas-N} Nicholas is not reasonable.
- {Reas-W} Wendy is reasonable.
- {Rowdy} Wendy tends to become rowdy or angry.
- {Scene} When Nicholas doesn't get what he wants, he makes a scene.
- {Stand-off} When Nicholas is really upset, Wendy cannot do anything with him.
- {Third person} When Nicholas is sufficiently upset, only a third person, not Wendy can control him.
- {Try-W} Wendy tries to do the right thing with Nicholas.
- {Understand} Wendy Understands Nicholas.
- {Victim-W} Wendy is a victim of Nicholas.

Local propositions:

- {2} Wendy did the reasonable thing in the way she spoke to Nicholas.
- {3} Nicholas was so upset that Wendy was helpless to control him.
- {4} Nicholas was so upset that it required a third person to control him.
- {5} Wendy did not become rowdy or angry.
- {6} The reason Wendy did not become rowdy or angry was that she was tired.

Propositions advanced-by

or referring to the role of the Therapist

General propositions:

- {Forceful-W} Wendy is able to act forcefully with Nicholas.
- {Teach-th} The therapist teaches ways to handle troublesome life situations.

Session Two

Propositions Advanced by Wendy

General propositions

{~Bad boy-N} Nicholas is not a bad boy.
 {Bargain} If Nicholas would listen to Wendy, she wouldn't
 have to yell at him and even hit him.
 {Blameless-W} Wendy can't be blamed for Nicholas's behavior.
 {Good W/Bad E} Wendy is good and Elizabeth is bad.
 {Try-W} Wendy tries to do the right thing with
 Nicholas.

Local propositions:

{6} Wendy acted in solidarity with Nicholas.
 {7} Wendy did the right thing.

Propositions Advanced by or Referring to role of Therapist

General propositions

{Connection} There is a connection between the way people
 treat Nicholas and the way he behaves.
 {Define-th} The therapist defines and labels the reality
 which Wendy describes.
 {Even up-W} Wendy has the responsibility to bolster
 Nicholas's self esteem.
 {Live with-N} Nicholas has a lot to live with.
 {Neg self-N} Nicholas is getting a negative self image.
 {Priority} It is more important for Wendy to defend
 Nicholas than to avoid an argument with
 her sister.
 {Stick up-W} Wendy should stick up for Nicholas when an
 adult treats him unfairly.
 {Upset} Upset is an expectable condition of Wendy's
 life.

Propositions from Session Three

Propositions Advanced by Wendy

General propositions

- {Bad influence} What Wendy is doing, or not doing as a parent is changing Nicholas for the worse.
- {Branded-N} The reason that Nicholas is seen as bad is that certain people have branded him as bad.
- {Careful} In order to be a good mother, Wendy has to be careful not to be too hard on Nicholas
- {Control-W} Wendy can control her tendency to become overly angry.
- {Doubts} Wendy has doubts about her performance as a mother.
- {Feel bad-W}
- {More} When someone yells at Nicholas in Wendy's Nicholas needs more from Wendy because his father is absent.
- {Not enough} Wendy is not performing enough as a mother.
- {Feel bad-W} Wendy feels bad when someone yells at Nicholas in her presence.
- {Guilty-W} Wendy feels guilty when she yells at Nicholas.
- {Like Mo/Fa like son} Like mother/father like son.
- {Locus-N} The problem lies with Nicholas, and not with Wendy.
- {Priority}_1 Nicholas's needs come first.
- {Sensitive-X} X is sensitive.
- {Sensitive-N} Nicholas is sensitive.
- {Sensitive-H} Wendy's husband is sensitive.
- {Sensitive-W} Wendy is sensitive; and
- {Task} Wendy has an unusually difficult task as a mother.
- {Tough ex-N} Nicholas tries to show a tough exterior.
- {Void} Nicholas's father's absence creates a void in his life.
- {Worse} Wendy should not restrict Nicholas or be too hard on him, since it would make it worse for him.
- {Understand W-W} Wendy understands her own behavior.
- {Yell more-W} When Wendy feels bad because someone has yelled at Nicholas, she takes it out on him and yells at him more than she normally would.

Propositions advanced by
or Referring to role of therapist

General Propositions:

{Good mo-W}	Wendy is a good mother.
{Meaning}	The real cause of our getting upset is the meaning of a situation for us, not the situation, itself.
{Strong-W}	Wendy is a strong woman.

Propositions from Session 4

Propositions Advanced by Wendy

General propositions:

- {~Helpless} Wendy wants to show that she is not helpless to protect her children.
- {~Real prob-N} Nicholas is not a real problem.
- {~Protect} Wendy feels hurt because she is not protecting Nicholas enough.
- {Sympathy} Wendy felt bad because Nicholas was being treated unfairly.

Local propositions:

- {9} Nicholas was treated unfairly.
- {10} Jason exaggerated the seriousness of what Nicholas did.
- {11} Nicholas was treated unfairly when the center didn't respond when he was hurt by another boy.

Propositions Advanced by or Referring to role of Therapist

General Propositions:

- {Int-Th} The therapist interprets the emotions of others.
- {Proxy} Wendy feels she is being treated unfairly through Nicholas.

Propositions from Session 5

Propositions Advanced by Wendy

General Propositions:

- {Good client-W} Wendy performed well as a client.
- {Fairer}₁ By waiting rather than yelling, Wendy is being fairer to Nicholas.
- {Fairer}₂ By being fairer to Nicholas, Wendy is also being fairer to herself.
- {Insight} The client should gain insight into his or her own emotions.

{Upset} When she yells at Nicholas, Wendy feels
 upset.

Local Propositions:

- {12} Things didn't go too badly in the past week.
- {13} Wendy took Nicholas's actions a little more lightly.
- {14} Wendy changed the way she responded to Nicholas.
- {15} Wendy waited before yelling at Nicholas or asking him again
 to do something.

Propositions advanced by
or Referring to Role of Therapist

General Propositions:

{Seriously} The therapist takes Wendy's feelings
 seriously

Propositions from Session Six

Propositions Advanced by Wendy

General Propositions:

- | | |
|---------------|--|
| {Age} | A parent should take a child's age into account. |
| {Changed-W} | Wendy has changed the way she treats Nicholas. |
| {~Control} | Wendy can't completely control Nicholas. |
| {Co-op} | Wendy wants Nicholas and herself to work together. |
| {~Hit-W} | Wendy doesn't want to hit Nicholas. |
| {Influence} | Wendy can influence what happens between herself and Nicholas. |
| {Positives-W} | Wendy looks for positive things in Nicholas. |
| {Talk} | It is better to talk to a child than to hit. |

Local Propositions:

- {17} In the past week, Wendy sees improvement in Nicholas.
- {18} Nicholas seems like a happier child now.

Propositions Advanced by or referring to Role of Therapist

General Propositions:

- | | |
|---------------------------|---|
| {Connection} ₁ | There is a connection between how Nicholas feels emotionally and how he acts. |
| {Scientist} | Wendy should be a scientist of her own and Nicholas's behavior. |

Local Propositions:

- {19} Wendy was more tuned in to Nicholas.

Propositions from the Posttest Session

Propositions Advanced by Wendy

General Propositions:

- {Active} Nicholas is a very active child.
- {Bad mo-M/Good mo-M} Wendy is a better mother than her own mother.
- {Change} Wendy has changed the way she thinks about Nicholas and acts toward him.
- {Enlight-W} Wendy is an enlightened parent.
- {~Enlight-M} Wendy's mother is not an enlightened parent.
- {~Helpless}₁ Wendy is not helpless to control Nicholas.
- {No hit-W} Wendy no longer hits Nicholas for the things she used to hit him for.
- {Percep-W} Wendy perceives the emotions of others.
- {~Tolerate-M} Wendy's mother can't tolerate the things Nicholas does when he is bored.
- {Understand-W} Wendy understands Nicholas's needs.

Local Propositions:

- {20} Wendy waited before responding to Nicholas's misbehavior.
- {21} Nicholas got bored being indoors all day.
- {22} Wendy's mother was exaggerating, in her complaints about Nicholas.
- {23} Wendy's mother wanted her to yell at Nicholas, or to hit him.

Propositions Advanced by

or Referring to role of Therapist

General Propositions:

- {Control}₁ Wendy is able to control her tendency to yell at Nicholas or to hit him.
- {Grown-up-W} Wendy now sees herself as a grown-up whereas she once did not.
- {Head-W} Wendy is a mother and a competent of her own household.
- {O hit} Others want Wendy to yell at Nicholas or to hit him.
- {Please O-W} Wendy wants to please others.
- {Reassume-W} Wendy has reassumed her role as mother.

APPENDIX C

TRANSCRIPTS OF THE SEGMENTS

DESCRIPTION OF THE TECHNIQUE: SESSION I

- Th.: ...the theory is this ((clears throat)) a problem..ohwait, let's even start further, a situation takes place..anything..anything at all..some situations make us feel happy, relaxed, calm, exited um ^o(lots of nice things) other situations make us feel..angry, upset, worried,..o.k. 'h and..we always get a signal ..I think we always know when we're happy
- Cl.: ^o(yeah)
- Th.: Wee usually know when we're upset..although not always, sometimes we can fool ourselves 'h but each of us has a signal..that we get..that we're upset..o.k. ..an when we are upset that builds up a tension in us
- Cl.: yeah
- Th.: an that tension has t'go someplace..o.k. just- just that's the way it is it just..has t'go someplace..so y'have..two..paths it can take.. get rid of it immediately..by acting out..sometimes y'see people () kid upsets them boom kid upsets them..yell o.k. bang on the table.. what they're doing is getting rid of the tension that's coming..from the upset..the emotion o.k. 'h or..you can stop an think ..you act out you can sslip a little something in before your action takes place and that is your thinkng..you can literally stop..just stop the clock..and think..and what we're saying is..if you do that..whenever you feel upset..stop yourself just like the policeman with the white glove n..the red sign..stop..n think..'h an you say t'yoursel first of all..I'm having a problem- this is a problem..well for example with the um..with the bath Nicholas doesn't want t'take his bath Oh there's even one with a better one the one where he didn' wanna cross the street
- Cl.: yeah
- Th.: . . .
I wanna solve the problem..because it's in the problem that I have that's making me upset ..o.k. 'h an then..the next step is after you've stopped an said to y'self this is a problem..I wanna solve it..I don't wanna just

act out on the raw impulse

Clt.: °(no)

Th.: o.k.? 'h an y'say t'y'self..a'right w- w- what is the problem here °(what kind of a problem is this)..what would y'say..what wass- what was it about that situation that was upsetting you

Clt.:just the fact that um..he didn' try to understand that I- I a had no money..I could understand 'im wanting t'go in..an maybe even touch it..y'know//bec- he..I
mmhm
mmhm

Th.: it sounds like the category of problem would be he's being unfair to me- this is unfair

Clt.: yes

Th.: So..because the idea is it really isn't so much what happens that makes us angry

Clt.: no

Th.: it's- it's what..it's what er make of it..it's- ..there's always something more to it there's something underneath it it isn't just a l- a rowdy little bo:y..uh..who just refuses t'come across the street//sounds as what you no were saying is what was upsetting me is that..he doesn't- he doesn't give me a break ..he:....he's not realy fair t'me he doesn't understand

Clt.: he doesn't try yeah

Th.: he doesn't try o.k.

Clt.: yeah

Th.: ...an:d the next thing this technique says t'you is that..what y'need t'do then is what we call brai:nstorm..an that is come up with a:ll kinds of possible solutions t'the problem even if they sound kooky..n'matter what..let your creative- your mind just flow..I mean sometimes people will say oh I'd like t'take 'im an put 'im in the wastepaper basket//crazy y'know but

Clt.: ((laughs))

Th.: let th' mind go and just think of a:ll the possible things th't you could do about that kind of situation where a seven year old chld..is not..seeing your side of things a::nd as a result..you are getting so upset..with him that you're doing more yelling and perhaps more hitting than you really wish t'do

Clt.: °(right)

Th.: ...so that we'll have t'think an maybe between the two of us..we can make up lots of possible solutions..think about them..decide what's good about them..what's bad about them y'know j'st

like what they do at peace conferences..y'know
//they generate lots of
Clt.: °(yeah)
Th.: ideas..sometimes they're really way out and
then people begin t'makle th'columns..what's
good about that what's bad about that and will
it work..that's the technique..that you wanna
get..into your mind
Clt.: yeah
Th.: o.k.?..uum..then..when..one sounds like it
might work..th' next step is t'try it..j'st try
it y'have nothing t'loose
Clt.: °(hmmm)
Th.: an then..we'll see if it works..everybody's
happy..an if it doesn' work..we'll have to
brainstorm again..choose another solution
..o.k.?
. . .

TEXT OF INITIAL SEGMENT OF PRETEST SESSION

- 001 Th.: ...actual experiences with your children
 ..and we'd like to ask two things, was there
 a time in the past week when you and your
 children or your child just didn't get a-
 long, and was there a time during the last
 005 week when you did get along..o.k....an'
 a little bit about each one..To begin with
 was there a time..last week when you and
 your child did not get along
 Clt.: yess
 010 Th.: and I guess we'd talking about Nicholas
 Clt.: yes
 Th.: o.k., so it was Nicholas, can y' tell me
briefly what happened
 Clt.: oh, it's not just, like one instance
 015 it's like
 Th.: uhuh
 ..I would say daily
 Th.: o.k.
 Clt.: a little part of, each day, where, I'd have
 020 to..scold him or- or, even go so far as
 to, threaten him
 Th.: mmhm
 Clt.: y'know
 Th.: o.k., what typical kind of things would he
 025 be doing
 Clt.: ..(3)..well t' begin with, frinstance this
 morning
 Th.: °(mmhm)
 Clt.: he didn't want t' go to the-..to this- the,
 030 camp
 Th.: ..°(mmhm)
 Clt.: he wanted t' stay home an..there-there's
 nothing really for him to do ho:me, so I tried t'
explain t' him I said Nicholas y'know
 035 Th.: °(mmhm)
 Clt.: it'd be better if y' go t' the camp you'd have
swimming 'nd everything
 Th.: °(mmhm)
 Clt.: nd..he's-, he wen in a tantrum like a (rage it)
 040 Th.: °(mmhm)
 y'know
 Th.: °(yeah)
 Clt.: ..he wanted t'stay home I wanna stay home I
 don' wanna go
 045 Th.: °(mmhm)..but you did-, youu, controlled the
 sit-, y- he went
 Clt.: yes beca- I started t'get dressed 'nd I said

well I'm- I'm- I'm gettin dressed th'baby's
gettin dressed an if you wanna stay here

050 Th.: ..mmhm

Clt.: y'know you're gonna stay by yourself but we're
going

Th.: o.k. that's what y'did about it

TEXT OF SESSION 1
SEGMENT A

subsegment a

a.01 Th.: ...two of the questions- three of the questions that we asked at the beginning..u:h an the purpose for that is..just t'keep track on how things are going with you an the kids..(2)..so that when we look at..over-all..when we're finished..we c'n get a sense of how things went..o.k....

.05

Subsegment b

b.01 u:m..the first question is was there a time during the last week when you'n your children or anyone of the children..just didn' get along

.05 Clt.: ..(2.5)..^o(yes)
Th.: o.k. an now which child was that
Clt.: ^o(that's Nicholas)
Th.: Nicholas o.k.- an Nicholas is how, He's seven, yeah o.k. ((breath)) could y'tell me briefly what happened

.10 Clt.: ..(3)..as a matter of fact..the main thing- the one that really got to me was- yesterday it happened
Th.: uhuh

.15 Clt.: u:h we went- I went shopping to get 'im a hoop
Th.: uhuh
Clt.: or a stroller..and um
Th.: ^o(umhm)

.20 Clt.: he wanted something a//- a video game
Th.: uhuh
Th.: mmhm
Clt.: firs' he wanted t'look then we looked..y'know
Th.: mmhm

.25 Clt.: we stopped an we looked
Th.: mmhm
Clt.: an then he wanted t'go inside because he thought i- it-..it might be a little money an I could get it

.30 Th.: mmhm
Clt.: an I told 'im- I said I couldn't b' cause I didn' have any more money
Th.: mmhm
Clt.: a:nd u:m..(3)..he started y'know- he started crying

.35 Th.: mmhm o:k.
Clt.: a:nd u:m..(2.5)..I tried t'talk t'him like ..I was a-..at the corner ready t'cross the street

- .40 Th.: mmhm
 Clt.: and I- y'know I said Nicholas I'm gonna go
 across the street now an you have t'come
 wit me
 Th.: mmhm
 .45 Clt.: and u:m..he started yelling an 'e got- 'e
 tol' me t' shut up a:n (h)y'(h)know
 Th.: mmhm
 Clt.: he- he got ve:ry-..(1.5)..very upset t'the
 point where he ss//-..he got a little..mad
 .50 at me in that way
 Th.: mmhm
 Th.: mmhm
 Clt.: he..tol' me t'shut up an
 Th.: mmhm
 .55 Clt.: he didn' wanna..cross an
 Th.: mmhm
 Clt.: y'couldn' do anything wit 'im
 ..finally this lady came along an
 Th.: mmhm
 .60 Clt.: she coaxed 'im into..y'know
 Th.: o.k.
 Clt.: goin' wit me

Subsegment c

- c.01 Th.: so how unreasonable..would you say th't
 Nicholas's behavior had been..not at all,
 somewhat or very little..pretty unreason-
 able..or very unreasonable
 .05 Clt.: ..(2)..um..(1.5)..uh- pretty unreasonable
 Th.: o.k. ((breath)) an how angry..or upset..did
 that behavior make you
 Clt.: ..(4)..I wasn't- I w- I would say somewhat
 mad

Subsegment d

- .01 Th.: o.k. an what did you do
 Clt.: ..(2)..first I tried talking- I- it got to
 the point where I-
 Th.: mmhm
 .05 Clt.: I got a little..I would- I could say..dis-
 gusted where I- I just
 Th.: mmhm
 Clt.: I jus' stood there with him- like I tried
 Th.: mmhm
 .10 Clt.: t'talk t'him it didn't //work
 Th.: yeah
 Clt.: an I jus' didn' know what else t'do
 Th.: °(o.k.)
 Clt.: I didn' wanna hit 'im..//or yell at 'im
 .15 Th.: mmhm
 Th.: o.k.
 Clt.: so I juss-
 Th.: ..(2)..yeah

- Clt.: I jus' stood there hoping y'know
 .20 Th.: hoping for what
 Clt.: waiting for- for something t'(h)ha(h)ppen
 Th.: o.k. ..o.k.
 Clt.: a change or something ((almost sobbing))
 Th.: I-ss-jus'-...I guess..that c'n happen..I
 .25 Clt.: jus' stood there waiting
 Clt.: I did- ((sobbing))
 Th.: for something t'happen..an along came..//this
 Clt.: the la-
 Th.: lady
 .30 Clt.: yeah
 Th.: yeah o.k. ..so a lady came along..(2)..an
 coaxed 'im..(2)..coaxed him across the street
 Clt.: yeah
 Clt.: ye:ah
 Th.: ^o(o.k.)
 .35 Clt.: ..(2)..^o(this was the day before not
 yesterday)
 Th.: o.k. but it was within the las' week=
 Clt.: ^o(yes)

Subsegment e

- e.01 Th.: Alrighty ((clears throat)) looking back at
 it now..could you have avoided that
 Clt.: ..(3)..I- I don' think so
 Th.: mmhm
 .05 Clt.: ^o(in w-) that thee u:m- well I could've wen'
 in the store which I didn' do
 Th.: mmhm
 Clt.: an I did' go in b'cause i-..he would..prob'ly
^o(prob'ly, s-) start a scene inside the store
 .10 Th.: wanting me t' buy it an I didn'-...I wanted to
 avoid that inside the store
 Th.: so that wouldn't have avoided it going into
 the store
 Clt.: nno, //^o(I don't think it would've)
 .15 Th.: ^o(o.k.)
 Th.: c'nyou think of anything now as youlook
 back- uh-s-very often it's easier the next
 day t' think of- gee I could've done this..I
 could've done that
 .20 Clt.: ..(3.5)..^o(no)
 Th.: no o.k.-..yeah o.k. ..a:nd the reason you
think it could've couldn've been avoided-
 why do you think it- there's no way that it
 it could've been avoided
 .25 Clt.: b'cause he- he-..he has 'is..mi:nd set that
 he wanted it
 Th.: o.k.
 Clt.: an I- I wasn' able to get I knew I couldn'
^o(of afforded it)

- .30 Th.: o.k. ..he has his mind set on it..o.k.
(baby begins to vocalize here. therapist responds with a barely audible sigh.)

Subsegment f

- f.01 Th.: ..(2)..once you were in the situation what
did you like about the way y'handled it
Clt.: ..(3)..the only thing I- I could say 'at
I..not even liked..was that..I..(3.5)..I
.05 didn' get ..rowdy or angry..I-..I guess I was
tired an I didn'..wanna get into it..y'know
with the yelling or anything
Th.: o.k. ..y'didn't yell at him
Clt.: no//I
.10 Th.: o.k. ..what did you not like about the
way y'handled it
Clt.: ..(5)..That I couldn't-..I couldn' get him
t' come across the street with me I- I had
to..((almost sobbing)) look for somebody
.15 else to //try t'do it
Th.: O(o.k.)
Th.: ..(2.5)..that I couldn' get him to cross with
me..I ha:d..to wait..till..((responding to
baby)) oh what a beautiful sound..till someone
.20 else could so it..o.k. ...

Subsegment g

- g.01 ..if you were in that situation or
something similar to it..how would y'handle
it next time
Clt.: .4.5)..firs' I- I'd-..I would..try t'talk t'hi:m
reason with him
Th.: mmhm
.05 Clt.: O(y'know)..about..the street- the dangers of
the street an that he has t'cross with me
it's-
Th.: O(yeah)
Clt.: it's- it's compulsory that he has t'come with
.10 me
Th.: o.k.
Clt.: and u:m..if..that didn' work I- I would
prob'ly i- s- y'know hit 'im..to, //or- or
pull him
.15 Th.: mmhm
Clt.: across the street or
Th.: mmhm
Clt.: something like that
Th.: and then..hit..him..or pull him across
.20 the street
Clt.: a- what I mean- I would hold 'is hand ()
Th.: o.k...cross//the
Clt.: I wouldn' dra(h)g him// 'kn-
Th.: w- o.k.- oh o.k. ..or..uh take him
.25 Clt.: yea:h

Th.: across the//street
Clt.: ⁰(that's ()
Th.: by my hand..o.k.
.30 Clt.: it might be- it might be a little forceable
bec- it probably will be by force y'know but I
would have to
Th.: yeah but what you're saying this time you
were too tired..t'do that
Clt.: yeah..I was like- a- I juss-..was like out of
.35 it like..I
Th.: ..o:k:.
Clt.: cause I- I tried t'explain that I- I didn'
wanna go in b'cause I know he'd want me t'get
it ⁰(an I)-
.40 Th.: ⁰(o.k.) so you're saying that you were too
tired t'be forceable
Clt.: there..that's prob'ly what it was
Th.: o.k. ..o.k. ...[end of segment A]

SESSION 2: JULY 27, 1983

Final Segment

Subsegment a.

- a.01 Th.: yeah, I'm just looking at our time an I see that it- it's just about over
- Cl.: yeah
- Th.: I guess, what, we still have- as we'll we
- .05 still have many sec- a few more sessions t' go t' get this technique down an I don' wanna rush it, b'cause I'd like you t'grab each part of it, an really learn it..an maybe this week, what y'c'n just think about is this
- .10 step, that signal, o.k., an practice,...

Subsegment b.

- b.01 ... an it sounds as though there's enough, upset in your life going on th't you'll prob'ly have plenty of practice b'tween now n next week
- .05 Cl.: ()
- Th.: allright, let's not, pretend, maybe it'll be less, maybe it'll be over, I donno, maybe you'll have a good week
- Cl.: I hope I will
- .10 Th.: y'may, y'may, uh or better than others, but in any case, when y'get upset like that, c'n you practice saying t'y'rself- what would y'say, what would be your way of, putting it, I don't wanna, make up words for y'
- .15 Cl.: ..prob'ly say, I have a prob?lem
- Th.: c'n you ss-
- Cl.: like you said ()
- Th.: yeah ()

Subsegment c.

Sub-subsegment 1.

- c.01 Cl.: yeah, a- mean, a- well, well it's with the incident in my mother's house yesterday th' way she, s- back t' him n everything
- Th.: mmhm
- .05 Cl.: like, I got the impression she was, looking she was saying- looking f'me to, answer her back b'cause, if- if I had spoken to her little girl like that she would've, stopped me somehow
- .10 Th.: what would she have said
- Cl.: she would get- oh she- don't talk to my daughter like that she's just a, child why are y'talking t'her like that, n that's th' way I felt y'know he was just a boy nd

Sub-subsegment 2.

- .15 Th.: I wonder what Nicholas was thinking, when all this wen' on
 Clt.: he felt pretty bad but, it's hard t'figure out what was going on in 'is mind b'cause, after, she left I said t'him, I said Nicholas..didn't
 .20 y'know, I felt bad f'her t'talk t'you like that didn't that, make y'feel bad er, didn't that-, I said it was more like she was insulting you, y'know didn' it- didn' it y'know, didn' y'feel insulted somehow
 .25 Th.: y'know what I would've said if I were Nicholas, I'm sure 'e didn' say it because he's little but maybe in one- some way, why didn't you say something to her Mommy

Sub-subsegment 3.

- Clt.: ..I knew that, it prob'ly-, if I had said something-, b'cause I- I think she was waiting for me t'say something//t'start an argument
 .30 Th.: yeah
 Clt.: b'cause
 .35 Th.: yeah
 Clt.: //it happened
 Th.: does it have t'be an argument though t'say something
 Clt.: well with her- she would take it th' wrong way, it's like..
 .40

Sub-subsegment 4.

- Th.: maybe y'need t'ballance that out against Nicholas's need t'hear his mother, d'fend him..sometimes th'price y'pay f'r something is worth it..

Sub-subsegment 5.

- ...it sounds t'me what y'saying is
 .45 my sister is a real trouble maker, nd that regardless, she's always having fights with people, it's one argument after another,...

Sub-subsegment 6.

- ...then on the other hand y'saying I have a young boy, who's beginning t'get a negative a- image of himself..h's father's been in jail
 .50 Clt.: yes
 Th.: he has a lot, t'live with right there, people are blaming him for things and he's responding by being more n more difficult, negative image
 .55 negative image, negative self-image, and something like if somebody speaks unfairly t'

- him, I'm wondering if it's, important t', even up- even up his, sense of himself, not- not t'cover up what he's doing that's//wrong
- .60 Clt.: no
Clt.: no
Th.: but say, yes you shouldn't have spoken to Aunt um,
Clt.: Elizabeth
- .65 Th.: Elizabeth like that, but a- but no you're not a bad boy

Sub-subsegment 7.

- Clt.: ..I-, I did s- I did say that to 'im but not at that point, when I got home
- Th.: yeah
- .70 Clt.: cause I was s-, I- then I looked at it, I said it's-//so unfair y'know
- Th.: ()
- Th.: yeah
- Clt.: 's got this negative attitude//about you
- .75 Th.: yeah
- Th.: yeah
- Clt.: I said to him, I said Nicholas
- Th.: y'know it's like another (makes click type sound)

subsegment d.

- d.01 Clt.: yeah, I said-, I said, Nicholas you're not a, bad boy, said, your biggest problem right now is that, you jus', don wanna listen, y'know
950. when I talk t'you like, I try t' talk t'you,
- .05 it's like you, there's a barrier there somehow, I can't reach you, an if you would, y'-, y'know w'wouldn' have all these problems//I wouldn'
- Th.: yeah
- Clt.: have t' yell at you or even hit y' sometimes or
- .10 Th.: yeah, so it's almost like y'r saying t'him, you- you turn around an be a good boy now an everyrthing will be fine an, I think that's a little unrealistic
960. Clt.: ..yes in a way, but at that point I
- .15 y'know..like I-, I guess I
- Th.: I'mean//d'you think just going by th'
- Clt.: (I thought that)
- Th.: technique d'you think that will work with
965. Nicholas, jus' saying t'him..
- .20 Clt.: no,
- Th.: I don't think so either
- Clt.: no

Subsegment e.

- e.01 Th.: I think maybe what we need t'do is, from now on, any time you're upset, acknowledge it to y'rself, say t'y'rself it means I have a

- .05 problem, define what kind of a problem it is, it's a problem of my, being treated unfairly my child being un- being treated unfairly f'r example, the resaurant situation, and then, beginning t'click away with what c'n I do
- .10 about that p'ticular pr- an don't go into other parts of it, stay with what you have d'fined it, if you have defined it, if you have d'fined as a problem of being unfair t'Nicholas, only deal with that..only deal with that, 'n other words, if I'm sitting at
- .15 a table with people my child is there an he's being treated unfairly, that's- I said that's what's bugging me about th' situation, nothing else, that's th' main thing that's bugging me, although there's lots of other things involved
- .20 Clt.: y'think I should speak up?
Th.: well, y'know, I- I think you should consider that, as a possible solution, I'm not saying blurt out with it if y'not prepared t'do it an do it correctly an well
- .25 Clt.: mmhm
Th.: but I think maybe what y' need t'do is, consider-, 'member what we said th'brainstorming, consider all th'things an
- .30 make y'little, chart, what's possi- what would that get me that's good, weigh it off against th'negative, f'r example, if y'did speak up t'her at th' table, it might be negative that it led to an argument, but it also might be
- .35 positive that Nicholas sees his mother go to bat for him, he sees Mommy say, very dramatically, not jus' say but act, on- on it, I am a good boy, I am worth it, I'm worth, sticking up for, y'know if i-

Subsegment f.

- f.01 Clt.: maybe it's my fault, b'cause it's like he's-, he's seeing it that-, I'm agreeing with these people that he's no good
- .05 Th.: he has t'draw some conclusion, he's very little..he has t'draw- he's an intelligent child, he has t'walk away from that having made some conclusion about who he is....now I don't know, an I w- I don't- y'know, I wouldn't wanna speculate, but//i- but if b- going by
- .10 Clt.: ()
th'technique if what you're saying is, what I'm feeling is that it's unfair, thatyou're feeling it, he must be feeling it
- .15 Clt.: yeah
Th.: so there's y'first clue, it's a case of unfairness, therefore th'solution has t'have

something t'do with correcting the unfairness,
now let me put that into my hopper my
.20 computer an' see what comes out, how does
one deal with th'question of unfairness to
one's child, not saying y'have t'do it, y'not
used t', arguing with y' sister an getting
into it, you're a quiet kind of person, but
.25 maybe we c'n practice if you're in th'room,
maybe we c'n go through these solutions
together, where it's safe t'do it, practice,
o.k., maybe f'next week

Clt.: o.k.

.30 Th.: huh,

Clt.: (laugh)

Th.: I think that's worth, yeah

Clt.: yeah

[Tape turned off at this point]

SESSION 3: AUGUST 3, 1983

Segment B

- B.01 ...o.k. um ..so
we'll begin with the questions that we always
begin with..^o(oh forty one)..a:nd that is..w-
was there a time during the last week when you
.05 and Nicholas just did not get along
Clt.: ..^o(yes)
Th.: yes o.k. and that w- was with Nicholas huh
Clt.: yes
Th.: ^o(Nicholas is seven)..can you tell me briefly
.10 what happened..
Clt.: ..it's more or less the same y'know ..it's
like ()
Th.: ^o(mmhm)
Clt.: nd um..like I started back- I
.15 Th.: went back to work and that was like a strain
on me somehow
Th.: mmhm
Clt.: and um I-.. like- if you tell him once to do
something or ask him to do//something
.20 Th.: mmhm
Th.: mmhm
Clt.: it's not enough even sometimes three times
is not enough..
Th.: mmhm mmhm
.25 Clt.: I have to go after him o:r threaten him
Th.: yeah o.k.
Clt.: a:n that's been going on, every day
Th.: o.k. can you think of o:ne p'ticular day ov one
specific instance when that happened
.30 Clt.: ^o(oh)..almost every instance in everything
() I mostly do or tell him
Th.: ^o(yeah)
Clt.: it's-...it's
Th.: o.k.
.35 Clt.: like a
Th.: ^o(so y'say)..constantly..have to..tell him,
over nd over
Clt.: yyeah
Th.: to do something....o.k. and you can't
.40 think of anything a' maybe you'll think of it
..later something to do a thing that happened
this mornng or yesterday or last night or
Clt.: well this morning when I took him to the um-
to the camp here he was flipping over the-
.45 th'- the bar- there was a bar there
Th.: uhuh
Clt.: outside in the yard
Th.: yeah
Clt.: an he wasn't supposed to be doing that

- .50 Th.: uhuh
 Clt.: because they said..this lady told me that they would- the counselor would send him home if he didn' stop
 Th.: mmhm
- .55 Clt.: so- so um I told..y'know I told him- I had told him that- Nicholas you'll be sent home if you don't stop but he kept it up an 'e kept it up
 Th.: ⁰(o.k.)
 Clt.: and the counselor came by an she said uh- she told him to stop- s'said we'll be going inside soon he says o:h not inside I don' wanna go inside
 Th.: ⁰(mmhm)
- .60 Clt.: an she said t'him oh don't start today
 .65 Nicholas it's too early so I got the impression that he's been
 Th.: o.k.
 Clt.: he's been- uh they're probably still having a hard time with him
- .70 Th.: o.k...u:h ((baby begins to vocalize here))
 he:llo honey hello you're wide awake now right that's a good little boy yeah you're wonderful so this morning what you're saying was a typical, example of what's been going//on
- .75 Clt.: ⁰(yeah)
 Th.: that he kept flipping over and over this bar...a:nd in defiance of the counselor who told him to stop and you told him to stop
 Clt.: yeah he doesn't see why he has t's- when he's doing something why he has t' stop doing it
- .80 Th.: well we don't know if he doesn't see why all we really know is that he doesn't stop we// really don't
 Clt.: he tells me to
- .85 Th.: oh o.k.
 Clt.: he tells me I don't see why I have to stop doing that
 Th.: oh that's what he says
 Clt.: yeah he'll say that to
- .90 Th.: o.k. allrighty u:m..so he'll..is that typical of what he'll say
 Clt.: yes
 Th.: when he says
 Clt.: yeah
- .95 Th.: he'll say
 Clt.: why do I have to, sstop or why do I have to do that why can't I..//do this
 Th.: o.k. ⁰(o.k.) so typically he'll ask why do I have to do that o.k. ..how unreasonable would you say that Nicholas was being
- .100 Clt.:I'd say somewhat it's like now I- I- I'm gettin' like..not used to it because I- I

- don't like it, y'know- I don't like the changes
- Th.: mmhm
- .105 Clt.: but um I'm not takin' it so..like um..as bad as I used to
- Th.: °(o.k.)
- Clt.: like thinking, oh, it's a big problem I know it's a problem//but I- but I'm not um
- .110 Th.: mmhm
- Clt.: ..°(u:m can't think of the word)
- Th.: ..that it's not a catastrophe °(it sounds like you're saying)
- Clt.: no I- no I wouldn't say it is
- .115 Th.: so you's- say it's somewhat
- Clt.: yes
- Th.: th't'e was, being somewhat unreasonable unlike, sometime ago you would really feel.. that he was being extremely unreasonable
- .120 Clt.: yea:h
- Th.: o.k. that's interesting we could explore why- why you feel differently about that..°h how angry or mad did Nicholas's behavior make you when he was °(doing that)
- .125 Clt.: jist somewhat mad
- Th.: somewhat mad o.k. and what did you do
- Clt.:I....like, in the past, I find I- I'd, keep up I pursue it until he do what I tell him to
- Th.: o.k.
- .130 Clt.: now I, more or less, let it go
- Th.: o.k.
- Clt.: ..mm, I think it's because I've been so tired lately why I think I-
- Th.: o.k. ..last- a couple of weeks ago you said
- .135 Clt.: that y' getting um- trying t'get him to cross the street..that you//ha:d t' kind of--..given
- Clt.: °(ye:ah)
- Th.: up and then somebody c- you were waiting for someone else to come along, this morning is that kind of what happened that you kind of waited until the counselor came along maybe they would take care of it
- .140 ((baby begins to vocalize here))
- Clt.: well I didn't think of it then
- .145 Th.: oh o.k.
- Clt.: i- it wasn't in my mind
- Th.: yeah
- Clt.: because uh-.. really- he wasn' really doin' anything that was, so bad it's just that,
- .150 maybe they didn't want him to get hurt while he's there
- Th.: °(um)
- Clt.: but he was just- y'know flipp//ing
- Th.: would he have gotten hurt
- .155 Clt.: he- he prob'ly, could've just- I- I think

- maybe fell and bump an a:rm or something but
not i- not hurt hurt where he would have-
probably have to go to a hospital I don't think
so cause it wasn't maybe about thi:ss//from the
ground
- .160 Th.: °(yeah)
Th.: °(yeah) so I wonder why they don't want
him to
Cl.: and he said to me but mommy, I come here to
play why can't I do//thi:ss
- .165 Th.: °(yeah)
Cl.: but I- I said well, b'cause they'll sent y'home
nd they don't want y't'do it they'll send
y'home if//y'don't stop, but he didn't see
Th.: °(yeah)
- .170 Cl.: anything wrong in doin' it//so he continued
Th.: °(yes)
Th.: °(yeah) but it sounds like from what y'
answered him that y'- that y'still didn't
tell'im what was, wrong with it it sounds
like all you said to him was, they don't want
y't'do it, that's th'reason I'm asking you
t'- or telling you to stop
Cl.: yeah more or less because, when he started
like I was watching 'im he was doin'//pretty
- .180 Th.: °(yeah)
good
Th.: °(yeah)
Cl.: y'know he likes t' do that, it's very
Th.: 'specially for a//boy yeah
- .185 Cl.: yes..and..I wouldn't have stopped 'im if I
didn't see like i- if there was- it I 'ik say
a danger I probably would've said, before
Th.: °(o.k.)
Cl.: but when the lady said they'll still s-
the'll send him home
- .190 Th.: yeah
Cl.: y'know I tol'im t'stop
Th.: I see o.k. so y'used t' pursue it but this
ti:me, youu- all you did was what?..you said
you used to pursue it
- .195 Cl.: now I- I- I still- I tell 'im
Th.: °(yeah)
Cl.: ..and I, kind of ease off
Th.: °(o.k.)
- .200 Cl.: t'see if, y'know
Th.: yeah
Cl.: he would stop or- or
Th.: °(yeah)
Cl.: or..
- .205 Th.: but he didn'tstop
Cl.: not in this case//he didn't
Th.: °(yeah)

SESSION THREE: AUGUST 3, 1983

Segment H

Clt.:^o(I- I- it's just that I feel..I- it always happens t'me..even at home..even somethingthing he did yesterday an' I might've thought that I yelled at him too hard, an' I w's too ha:rd on him

Th.: ^o(mmhm)

Clt.: or I didn' try to understand

Th.: ^o(mmhm)

Clt.: ..anything..about it..an..I get like a guilty..complex 'cause I feel..I wasn't fair enough..or..I'm not

Th.: mmhm

Clt.: bein' a good enough mother or..

Th.: ^o(o.k.)

Clt.: not understandable enough

Th.: so maybe one thing that happens..with you is that..you are a good mother I mean that comes across very clearly nobody- nobody would ever, ever question that..b't maybe what's getting in the way of y' comming..t'good solutions and sticking with them, so they work..is that in betwee:n..you have this doubt

Clt.: ..I do so//somehow

Th.: am I dong enough

I do..plus..another thing that I..think too like..I even tol' my mother like I- I don' wanna be too hard on him

Th.: ^o(mmhm)

Clt.: because like his father's not around//an

Th.: ^o(mmhm)

Clt.: that's a big..a- void in his life..
an I don' wanna
make it....any worse f'r him..but..by
restricting 'im too much or--or um being too hard on him somehow

Th.: o.k. now with- with this this morning's....
((baby vocalizing here)) lemme ask y' this what did' not like about the way y' handled it this morning

Clt.: that I jusst got up an- an left

Th.: ^o(o.k.)

Clt.: without tryin' t'..let 'im see reason an mee feeling a little better about it

Th.: o.k. without u:m..reasoning

Clt.: makin 'im understand that

Th.: ^o(o.k.) does that usually work, sitting there nd reasoning with him and making ^o(him understand)

Clt.: well I tried it a..few times, an..I get the

impression that he's- he he doesn' wanna er see
eason y'know he whats it his way

Th.: ^o(yeah)..then I wonder why you would feel bad
that y' hadn't done it if y' saying that it
doesn't work

Clt.: beca-..I always- I always feel that, it's
just something I cannot figure it that maybe
I'm not doing..ss- iss-..iss a way that I'm
not..u:m..handling things or....

SESSION 3: AUGUST 3, 1983

Segment I

- .01 Th.: y'know 'cause I'm wondering in terms of- of
the technique what we say..here's a
situationo o.k. we describe this morning's
situation..you got your anger signal..you
.05 pointed out to me on the- on the () chart
how you began to ri:se..a:nd..what we're
saying is that emotion means there's a problem
((baby vocalizing here))..and that signal
says to you stop..either you can act out
.10 immediately, or you can stop, hold it..take
time..delay, buy some time..an' y'can start
t'think....'member saying the first thing
y' need to do in order for that thinking to
work for you is t'define the problem..t'say
.15 t'yourself..what is it about what he's doing
that's upsetting me..now last week you defined
the problem..sitting with the restaurant an'
your sister..what upset you about Nicholas's
behavior was the fact that his behavior caused
.20 his gist- your sister too..chastise him..
unfairly..too um humiliate him an- an perhaps
humiliate you also 'cause you were there while
it was happening
Clt.: O(ye:ah ())
- .25 Th.: an..it sounds to m- an that brought feelings
in you u:h y'said y'got angry with y'r sister
today you..did a little more on that..an' you
said w' happen- what was happening- what was
going o:n with me is..I became angry with
.30 mysister because she was doing that in front
of me an- I'm the mother an it's unfair t'him
an-..nd it really isn't always him an her
child's an angel and mine's a devil an all
that negative lableing is not doing him any
good
.35 Clt.: O(ye:ah)
- Th.: so what we're saying about that situation is
if that was what's defining the problem was
than-..then really an y'said it y'self really
.40 maybe y' should've dealt with y'sister..instead
of taking it out on Nicholas ((baby vocalizing
here))..o.k. u:m an we talked last week about
different things you might do the possibility
of talking with y'sister an I- I don' know
.45 whether you were clear about whether that
would or that wouldn't work..u:h- if you
recall all of that..an you had a..sense that
it..doesn't do much good
Clt.: O(no I don't think it ())

- .50 ((baby vocalizing here))
 Th.: yeah
 Clt.: ⁰(yeah)
 Th.: o.k. aright well let's..think about today's situation but gon' through those same steps
- .55 now..y' had that situation..it caused you t'become increa:singly..upset t'ngry..o.k. the signal comes out I'm angry..stop n think o.k.what is this a problem of c'n y' do that now even if you weren' able t' do it this
- .60 morning c'n you think back on that situation say to y'rself..what is it..about what Nicholas..is doing here..that is causing me.. t'get upset..what'r a:ll the feelings that that's bringing out in me ((baby vocalizing here))
- .65 Clt.: ⁰(o.k....I don't think so much is that's what he w's doing it wasn't what he was doing that..() angry it's the fact that) it's such a problem f'r him to..listen t'me y'know
- .70 t'doo a simple thing as a'right..(h)he wanna play c'n understan' that..but..y'r not allowed t' do it, you have t'stop..⁰(y'know) and even a simple situation like that is hard for him to..((baby vocalizing here))..to listen
- .75 ..it sounds as though what you're saying is....I don't have control over my child
 Clt.: ye:s I- I-, I get that feeling sometimes
 Th.: and the:n from what you describe in those two situations with your sister an with the
- .80 counselor this morning an the woman crossing the street three weeks ago, that what happens is when you don't have control over your child somebody else has t' step in, or does step in rightly or wro:ngly
- .85 Clt.: ⁰(yeah)
 Th.: and th't then on top of you're feeling a lack of control over Nicholas, you're also getting another feeling about other people moving in ..((baby vocalizing here))..any feelings about that
- .90 Clt.: ..⁰(I- yeah I do)
 Th.: how d'y'feel about that th'fact that you're standing there- I mean these things are not happening when you're around the corner
- .95 Clt.: ((Baby vocalizing here)) I feel- I feel hurt that, I'm not performing, enough as a mother ..((baby))..but, at the same time I..t's likeI can't think of, um, ((baby vocalizing here)) another, t'solve that
- .100 Th.: o.k. well we'll- we'll get t'that step y'see what I'm saying it's- there's a- there's a procedure and you're trying so hard t' get t'that answer..maybe y'need t'slow down a

.105 little bit an just take this a little bi:te
 at a time....an t' stay for a while with
 defining what that problem is an so far what
 you've said is when Nicholas ups- beh- up-
 acts up like out an doesn' listen to me..I
 .110 get a feeling that I've lost control over my
 child that causes other people to intervene
 t'take over for me in fact even some times I
want other people..I wait f'r them t'come
 along an do something..that makes me feel
 even less..in control..th't others have
 .115 t'take over y'said y'r sister made y'feel
angry when she did it because sometimes when
 they take over they're unfair t'him
 Clt.: O(yeah)
 Th.: ..sometimes when they take over they make me
 .120 feel like less of a mother..
 Clt.: O(o.k.)
 Th.: I'm- I'm humiliated I'm downgraded I'm made,
 t'feel, less than what I-, than what I know I
 .125 am..and th't what y'r sa:ying- so may:be what
 you're saying is, it isn't so much the
 situation, it isn't so much his twirling
 around..that's getting me all that upset
 that when 'e does these things I'm- I'm
 somewhere down here on the upset, b'cause I
 .130 doo understa:nd n I-, y'now I kind of know
 and I sympathize with 'im in some ways, b't
 th't when it continues..an 'e still doesn't
 listen t'me i get- I get more upset, b'cause
 .135 what's happening now is, no:w I'm starting
 t'feel out of control ..so it's not just
 what 'e's doing th't it's da:ngerous 'r
 whatever, but it's that his not listening
 t'me is makng me feel out of control up goes
 the thermometer, on top a that if somebody
 .140 else jumps in, an takes over my mothering
 role with him- my parenting role, no:w I'm
 beginning t'move up even more upset because
 it's touching another nerve, in me
 Clt.: ()
 .145 Th.: so now we're moving away from Nicholas's
 being th'problem, what 'e's doing..an we're
moving into a definition of th'problem a:s
 ..I'm-, I'm being hurt..something unfair is
 .150 happening to me, I'm out of contro:l, I look
 bad t'others..I'm not-, I'm not able t'act..
 th'way I know I can..
 y'know I'm wondering if y'look at
 in that way instead of looking at it as
icholas's be:ing, boisterous or thi:s
 .155 Clt.: O(yes)
 Th.: or whatevrr or, feeling bad because 'is
father away or, y'don't look at that way

- now I wonder if y'could look at it, from the standpoint of what, his behavior isa- is bringing up in you..c'n y'think about that f'r a while
- .160 Clt.:^o(you- you- you said it exactly)
Th.: ..why don't you say it..why don't you say it
Clt.:^o(I can't seem t'say it somehow)....but
- .165 it's Inside I c'- th'feeling and everything I wanna say is there..but I get it out
((baby has been vocalizing steadily through the preceeding))
Th.: why on' we take care of him first and we'll
- .170 ((baby coughs)) o.k. b'cause he- he's an insistant is he coughing b'cause of that d'y'think Wendy
Clt.: ^o(a no)
Th.: o.k. () lost of goo:di:es..uk oh looka
- .175 that SMI:LE O:H myGOODness THANKYUH MOMMY ((laughs))
yea:h..yeah..so why we were s- what- what I'm trying t'get across an I think you've grasped the idea
- .180 Clt.: yeah
Th.: is that it's not just what a child is doing or what someone else is doing to us not in itself..that is causing us t'really get
- .185 upset..cause y'said even as y'watched these things doesn't get you a:ll that..but that
Clt.: ^o(no)
Th.: someting else b'comes the problem an' what happens is..it's the mea:ning of that
- .190 situation f'r you..'s'ot th'situation itself but that situation see:ms to mea:n.. Wendy doesn't know how to handle it..Wendy has lost control of her own seven year old son..Wendy needs other people t'move in t'control her child....that's humiliating..that
- .200 hurts....an especialy..when y'know..that you are a good mother when that's very clear..I c'n see if that's th'way Wendy- if that's th'way you're interpreting what Nicholass, is bringing t'you by his behavior, I c'n
- .205 understand- I c'n understand why there might be a lot of tension between you nd him.. because, your mother role obviously means a great deal t'you.... it's very clear..I mean y'..just th'way
- .210 y'interact with- with u:m th'li- with //Mi
Clt.: Michael
Th.: Michael o.k. j'- it's so clear he's so
- .215 happy..he's so happy y'know an babies don't fake it..you look at how a mother- you look at how she's interacting with him it's very clear ..you care a grea:t deal about your kids..

y'know..if you were th'kind'v mother th't-
 that didn't bother you that other people
 were a- saying hey y'know () with
 .220 y'kid..I would be much more concerned..I
 would say doesn' it bother this mother th't
 people think she's out of control..it does
 bother you..b't that's step number one..
 that's really step number one....because..
 .225 once we c'n define it as tha:t..th'focus
 really becomes off Nicholas really..an it
really becomes now ont'youu..an that- maybe
 that should come as good news because..you
 really..we really have more control over our
 .230 selves than we have over other people....so
maybe if we c'n look at th'problem in this
 with this definition of--it's a problem of
 myy fee:ling inadequate--it's a problem of
 myy feeling out of control..it's a pro:blem
 .235 of myy feeling th't people don't know what
 a good mother I am....th't maybe we c'n give
 Nicholas a little break

Cl't.:he t'

SESSION 3: AUGUST 3, 1983

Segment J

Th.:y'know even as- even as I'm saying these things I c'n- it's obviously hard for you t'hear them....I hope you don't think th't I'm saying they're true because don't at all I don't feel that way at all.... sometimes it's th'more sensitive parents th't get into a lot of trouble..b'cause they really want everyone t'know what- what a good mother they really are, how much you're dealing with now is incredible, you're (on your own), an how sensitive you still c'n be, I mean y'know let's face it y'didn't really get a..great deal..y'r going through a very very rough rough time....an y'r trying t' be super mother, throughout th' whole thing....an maybe you are feeling a little d'fensive y'said y'self Nicholas is feeling d'fensive

Cl.: (I think so sometimes) ((cries))

Th.: If he iss aren't you also

Cl.: ..I do....like I..I think I try t' f'get about..my feelings

Th.: (mmhm)

Cl.: so that I could, everything out..into, Nicholass or to help him

Th.: (yeah)

Cl.: or to, um....make him the way he should be or I want 'im to be

Th.: and he will be, and he will be..but maybe you were barking up the wrong tree

Cl.: (probably)

Th.: y'know maybe if y'focus more on y'self

Cl.: (mm)

Th.: ..on what you need an what you're feeling.. Nicholas, will sense that..as young children do..will sense that mom's in charge..I'm safe..she knows what shes's doing

Cl.: ((sniffs)) I've always..I thought of it too

Th.: what did y'think of Wendy w- wha'd'y'think

Cl.: that..it's- it'ss soemthing I'm doing, or something I'm not doing

Th.: ..yes

Cl.: ..that's all maybe changin' him

Th.: ..well whenever we live closely with anybody .whatever they do..has an effect on us..(7).. but it sounds t'me as though you're taking that as a big big guilt trip I'm doing something so terrible that this boy is acting like this

Clt.: ..(5)..(close to it () y'know th'way
 ..now that he's..moreorless branded as being
 ..(3)..^o(oh um)..so bad

Th.: mmhm

Clt.: that, I don't think..n' anyone even, ever
 see..any of th'good that he does y'know it's
 always- they always, jist see whatever bad
 thing he do..//((begins to cry)) an they never

Th.: ()

Clt.: see anything good that he does

Th.: but you do

Clt.: ^o(yeah)

Th.: ^o(o.k.) so then what you're saying is that
 it's not a lost cause..(3)..

Clt.: ^o(no)

Th.: ^o(he's only seven years old an there are
 lots of good things that he does..yeh) so
 you've been doing y'r job..pretty good

Clt.: ..yeah

Th.: does it upset you..too much..t'think about it
 in this way Wendy is that, too upsetting t'you

Clt.: ^o(no)

Th.: t'look at it- can y'look at it that way

Clt.: ^o(I want to)

Th.: 'cause you're th' grownup..you are a strong
 woman.I know that you are going through a
 lot..but obviously you're a we:ll put t'gether
human being that's clear an it's clear that you
are a good mother because an 'n- infant as
 young as--as Michael ..he comes in looking
 like he does..you kno:w..//that there's a

Clt.: ^ohe's a good baby)

Th.: well he's a good baby responding to a good
 mother is what it really is that's what really
 is, so you don't have t'advertise t'anybody,
 how good a mother you are

Clt.: I- I really don't want to..it's

Th.: yeah

Clt.:I think I just y'know..want my kids t'be
 ..not model kidsd I don't think I could live
 with model kids

Th.: yeah whatever they are

Clt.: ^o(jist), a yeah

Th.: yeah I never met one

Clt.: juss' um it started where, even before I saw
 there was a change in Nicholas..'ike I knew
 that 'e was a little hard headed..but it s-,
 it started whe:re i was gettin' these
 complaints, from everybody, an that's what,
 started..settin these..y'know..I think that's
 what, sstarted th- th- th'problem..like it
 started at schoo:l an camp

Th.: ^o(o.k.)

Clt.: my sister an my brother

Th.: °(o.k.) d'defined as what started what problem
 Wendy..let's give it a name an let's put it
 in a boxx

Cl.: ..where,they think he was um..gettin outa
 hand he wasn'..listenin..
 I like they- they tried t'put it in words,
 that I wouldn' be upset about..but....like I
 could tell somehow that..°(oh I can hardly
 explain//it)

Th.: I think you're doing fine

Cl.:that..just for my sake..maybe they were
 being uh kind

Th.: for your sake why, why would they, be doing it
 for your sake

Cl.: maybe because they didn't want um..they didn't
 wanna get me angry or upset..well not upset
 but....°(I uh)

Th.: .d'y'think they were protecting you

Cl.: no, I don't think so I didn't get that feeling

Th.: °(o.k.)

Cl.: °(um..not t'be kind maybe)..maybe t' be kind
 inna phony way not th'tru:e

Th.: °(what d'y'mean//Wendy)

Cl.: way not that they really, came t' me, °(t'-)
 t'tell me that wel Nicholas is doing this, an
 its a probl;em th't well you know, in that
 they wanted t'help me, but, just t' complain
 on him n t'let me feel that he's a bad- I
 have a bad kid out there

Th.: I have a bad kid therefore

Cl.: ..a- uh take care of 'im

Th.: what does that m'//o.k.

Cl.: getting

Th.: ..what about that is upsetting..remember what
 we're gonna do not is ss- situation teacher
 an people coming t'tell you about Nicholas's
behavior you're feeling something °(about
 that) you're feeling upset o:r whatever it is
 you're feeling....y'say t'yoursel I'm upset,
what is it about..this situation that is
 causing//me

SESSION 4: AUGUST 10, 1983

Segment HSubsegment a

- a.01 ..well, that's very easy f'r me t'say, t'stop
an think, now I need t'help you with well,
waddaya mean I havt'stop an think, how, well
what'r th'steps, o.k., an that's a fair
.05 question, th'steps are this, first thing you
720. haveta do is to define the problem, because
there are lots of problems c'n you think of all
th'different kinds of problems somebody c'd
have
.10 Clt.: ..^o(I couldn't)
725. Th.: ^o(o.k.)
Clt.: ^o(I have a few of my own) ((laughs))
Th.: YOU'VE HAD, more than your share, o.k., you
could have a problem of..being hurt, being
.15 embarrassed, being angry, being frightened..um
730. being jealous..uhm what else....well, maybe
that's enough, a' that's enough((laughs))
trouble f'r one day o.k.,...

subsegment b

- b.01 ...but that's an
example, those are examples of th'kinds of
problems y'c'd have, what you need t'do is
735. t'look at that situation, nd say t'y'rself,
.05 what is it, about this situation, that is
upsetting me..an what you said, that when Jason
had t'speak t'you about y'r child's behavior,
what is was w's that it hurt you
740. Clt.: ^o(yes)
.10 Th.: feeling you were having was, of being hurt..
now if y'think about that f'r a little while
you'll get it even clearer, you'll get it even
down to a finer pont, c'n you think about,
745. where you were then, Wendy, what that feeling
.15 was that you were having n, put y'mind t'work
now an- an use language, t'say..to define, what
that feeling was about

Subsegment c

- c.01 Clt.: ..^o(o.k., I felt-)....I felt t'myself, o.k., I
750. know he's hard headed..but um..f'r such a
simple thing, f'r th'way he put it..it wasn'
somehow fair, ^o(I- I- I thought)
.05 Th.: ^o(o.k.)
Clt.: because he didn' e- tell me that it was
755. th'string, even though he had th'string there I
saw 'im wit th'string
Th.: mmhm, mmhm
.10 Clt.: he-, he didn'- he t'- he said like, if I could

760. talk t' Nicholas about--..from puttin' his hands
on other kids, °(y- y'know an I- I thought
well, is Nicholas goin' around beatin' up
other kids, an I know Nicholas is not a
.15 fighter)
 Th.: °(yeah)
765. Clt.: °(he's, y'know), he'll get angry but he's not
one ready °(to..like, fistfight that's what it
is he's not)
.20 Th.: ..°(o.k.)
 Clt.: and when he said like puttin' his hands on other
770. kids, I-, I thought, y'know..I thought Nicholas
w's y'know w's having a- like a fistfight,
every day//with other kids, an y'know he w's
.25 Th.: mmhm
 Clt.: hurting other kids
775. Th.: °(mmhm)

Subsegment d

- d.01 Clt.: and-, and something came t'me then I remember,
when Nicholas had just started, in th'program,
then it was th'afterschool
 Th.: °(mmhm)
780..05 Clt.: um, °(they had a little boy in there that was
in his group that)..then he w's a problem to
them
 Th.: mmhm
 Clt.: and, they were going down th'stairs and..I
785..10 guess Nicholas went down th'stairs to the class
 Th.: mmhm
 Clt.: an he bumped into him//an he turned around an
 Th.: o.k.
 Clt.: he punched 'im in th'nose an he w's bleeding an
790..15 everythng
 Th.: th' l- th'kid punched Nicholas
 Clt.: yeah
 Th.: o.k.
 Clt.: and..like I didn'- I didn' really get, so firey
795..20 angry like//y'know I said ah you shouldn've
 Th.: mmhm
 Clt.: done that y'know, he didn' hurt you why did you
punch him, y'know
 Th.: °(mmhm)
800..25 Clt.: and, like I- th'counselor, she didn' like
y'know, she didn' make a big deal of it then,
she didn', like say to 'im °(o.k. I'll speak to
'is mother about it that sort've thing, y'know)

Subsegment e

- e.01 Th.: so Wendy what y'r saying is, what is upsetting
805. me about, this situation, an several others
like it is that I am being treated unfairly,
through my son, remember we're not gonna focus
on-, on Nicholas now, what y'r saying is he's
.05 being treated unfairly (cause y'r-) but what-

810. but what- y'r feeling is, see we o- we feel,
when it has something to do with us even though
we're very close to our own child naturally,
.10 but you're not- you're saying more than
815. Nicholas is being treated unfairly, you're
saying I'm being treated unfairly too
Clt.: °(no I- I don't think I thought of it that ())
Th.: oh
Clt.: I thought of//him,
.15 Th.: o.k.
820. Th.: yeah
Clt.: I thought of Nicholas being
Th.: °(o.k.)
Clt.: being treated//unfairly
.20 Th.: °(o.k.), an how did that make you feel
825. Clt.: It made me feel-. I felt bad f'r him, I felt
hurt f'r him
Th.: °(o.k.) ((baby vocalizing here))
Clt.: an I- I felt, hurt, myself too, in that..I'm
.25 not protectin' 'im enough an I'm not um-..by
830. speaking up f'r him
Th.:°(o.k.), these are old themes f'you Wendy,
y've said these things before, these two things
th't one, when these incidents occur, two f-
.30 two feelings seem t'come, one is one where you
835. feel, that y'r child is being treated unfairly,
th'second is that somehow you feel as though,
you're not able to- you havn' been- done- doing
y'r job °(you havn' been protecting him enough
.35 I remember the incident with y'r sister in
840. th'restaurant)
Clt.: °(mmyeah)
Th.: w- how w-, how would you dis- d'fine that
feeling..I'm not able to protect my child
.40 therefore I fee:l
845. Clt.:at th'moment, it's like a-, like a helpless
feeling like
Th.: °(o.k.)
Clt.: like I-, I'm-, like I'm hoping or wishing that
.45 somebody//was there to say- like stand up
850. Th.: yeah
Clt.: or say, y'know well don't treat'er so unfairly
Th.: °(o.k.)
Clt.: b't then..later on..like when I'm home f'r
.50 instance
855. Th.: °(mmhm)
Clt.: like I start t'think about it, because it's on
my mind
Th.: °(mmhm)
.55 Clt.: I think..y'know....I soulda said something I
860. should've, um, I shoulda spoke, I shoulda said
more t' my-, then, just willingly agreed t'them
th't allright, he's a problem, °(I haveta go
home an solve it,) like I shouldda said well
.60 o.k. he's my child, I know him I know his

865. problem but he's not a-, all as bad as you think he is, an maybe you are misjudging 'im or, ma-, y'know making th'situation a little more th'n it is
- .65 Th.: it seem as though what you're saying Wendy is,
870. that when I'm confronted, with th'situation, I am already, too ups- th'feeling I'm getting, that's upsetting me, is a feeling of helplessness..and that while I have that
- .70 feeling of helplessness I'm not able t'say, or
875. t'do, what an hour later in my apartment comes into my mind, as what I should've said, what I should've done
- Cl.: °(yeah)
- .75 Th.: that makes sense t'me later
880. Cl.: yeah, because, that's when I, after I got home an I-, I decided I wan'ed to speak to Jason again about it to clear th'situation or, to make him understand that Nicholas isn' as-, as-
- .80 ..as maybe bad or-, or out of hand, or out of
885. control as he, might-, under the impression
- Th.: yeah
- Cl.: that he is
- Th.: an also I think what you- what occurs to you
- .85 then is you want to correct, the image of
890. yourself as being helpless
- Cl.: °(it could//be)
- Th.: th't you wanna come back an say hey, Wendy is not helpless, she c'n protect her children
- .90 Cl.: yeah but I don't think that is as much as it is
895. to-
- Th.: °(mmhm)
- Cl.: to clear Nicholas, °(y'know to-)//to make him
- Th.: o.k.

Subsegment f

- f.01 Th.: ..yes, which is- is an appropriate, role for a
900. parent t'make sure th'facts are straight, th't people, aren't treating th'child unfair- I'm not saying th't they are b'cause I don't,
- .05 y'know we're not there all th'time//enough t'get
th'facts
905. Cl.: I- I don' even wanna say that they are b'cause-
Th.: yeah
- Cl.: he-, or else he would be commin home every day
- .10 sayin I don' wanna go back, I don' think he is
//really bein' unf- treated unfairly
- 910 Th.: o.k.
Th.: o.k.
- Cl.: it's just that, one situation I think it wasn'-
- .15 ..somehow or maybe it wasn't handled right
- Th.: o.k.
- 915 Cl.: I thought
Th.: yeah, th'reason I wrote this down here Wendy 'cause I really didn' wanna f'get it because it

.20 seems as though, that's something that's
 920 happening a lot with you, that f'r a lot of
situations, different kinds of situations,
 that involve Nicholas..even though they're
 different situations, very often you're getting
 .25 pretty much that same feeling..I'm helpless,
 he's being treated unfairly, he's being
 925. negatively labled, I- I'm stuck, I'm tongue
 tied, I'm not able t'say at th'time I need
t'say, hold it folks, y'know or whatever I
 .30 wanna do about it t'make sure th't that
 do:wnhill sli:de, is stopped f'r him, because I
 930. think we've both agreed, that th't's an
 important thing t'do, before it gets t'be a
 .35 negative, an before he begins, to- to respond
 to that, an t'say o.k.? y'call me bad I'll be
 bad, a'mean he's only questioning now
 935. Clt.: ..yeah
 .40 Th.: he's only questioning the other day he said
 that to you that w's a//question that's, if he
 Clt.: yeah
 Th.: h'd made up 'is mind already he wouldn't have
 940. uh
 .45 Clt.: yes
 Th.: so it's- there's time, there's time, uh it's
 not hopeless..

Segment 9

9.01 ...but an that's why I- I'd like you
 t'really..try t'think, in terms of this
 945. technique b'cause I think it c'n be very
 .05 helpfull in many ways you're already beginning
 to use it
 Clt.: O(yes, I think I am)
 Th.: y'r not using it on th'sspot, so what y'need
 950. t'do is improve y'time, ((slight laugh)) y'know
 .10 like athletes do, they get t'learn t'do the,
 athletic, feat whatever it is, b't then they
 have to i- improve their time, they have to get
 better at it quicker at it o.k. n- n-, but even
 955. if you-, as when you came up with that idea
 .15 of-, uh lemme discuss it more with Jason an
explore it more n get th'facts n whatever, you
 still have a chance t'get back t'get back
 t'Jason about, a'mean it isn't all lost....
 960..20 Nicholas is not out of th'program
 Clt.: O(no)
 Th.: an he's not terribly negatively labled an he's
 not, disenchanted with th'program, he still
 wants t'come back..so you still have time, um,
 965..25 but I guess maybe what we need t'strive for, is
 that, when th'situation occurs when you're in
 th'situation, an th'ssignal is already comming
 t'you, that eventually, through this kind of

970..30

practice, you will be, you will be able, to
respond, at th'moment, with what you're able
t'do an hour later at home, y'know just,
improve//y'r timing, o.k.

Clt.: ° (yeah that-)

Clt.: ° (yeah)

SESSION 5: AUGUST 17, 1983

Segment BSubsegment a

Th.: yeah, o.k. great, um, oh before we begin this
 a.01 ..allright supposing we do this, let's- let's
 .040 do th'review then, uh where we talk about,
 th'time- any time during th'last week when you,
 .05 and, th'children or any one of the them, just
 didn' get along
 Clt.: ..well, this past week wasn', too bad
 .045 Th.: yeah
 Clt.: I guess b'cause we saw 'is father an then spoke
 an he felt better
 .10 Th.: mmhm
 Clt.: and, that he- and I s- he wasn' listening an, I
 .050 had t'keep repeating myself with' im an
 everything
 Th.: mmhm
 .15 Clt.: they has a little talk
 Th.: mm ((baby vocalizing here))

subsegment b

b.01 Clt.: he's- it's- it's not that I- he- c- he- I- he,
 he't- he still tried to y'know get away with
things
 Th.: yeah
 .05 Clt.: but somehow I didn'-..I took it a little li-
 .060 more lightly
 Th.: that sounds now you're answering the- this
 question, an that is, was there a time, when
 you an your child, got along unusually well..
 .10 and what each might've contributed t'that
 .065 situation
 Clt.:well....we had our differences like every
 t- every day- each day
 Th.: yeah
 .15 Clt.: we had our little arguments our little- where
 .070 I'd have to, yell at him or-, or
 Th.: yeah
 Clt.: r'peat myself
 Th.: yeah
 .20 Clt.: still it- it didn't really didn't get, out of
 .075 hand
 Th.: you didn't, get that upset, thinking of our
scale now
 Clt.: I- yeah- I didn'- I tried t', be a little
 .25 calmer somehow
 .080 Th.: mmhm
 Clt.: ..or I'd, wait, I'd tend to wait like if I- I
 told 'im to do something an 'e didn't do it
 right away I'd be-
 .30 Th.: O (mmhm)

.085 Clt.: I'd jump at him, I'd- I'd-, I'd wait before...
before I'd, yell at him, or- or ask 'im to do
it again
Th.: I see, o.k., why don't we take one of those
.35 situations, an describe how- how you went
.090 through that process, cause I think that will
be helpful Wendy in terms of how you're u:sing
th'technique, c'n y'think of one instance where
.40 there was a- well maybe that answers this
.095 question, was there a time during th'past week
when things could've gone badly, but something
you did, held it off
Clt.: yeah-
Th.: maybe that's, where that fits
.45 Clt.: ..^o(well I- I was-, I wasn' so)
.100 Th.: mmhm
Clt.:I didn' get so, angry, //I, guess)
Th.: mmhm
Clt.: ^o(y'could use th'word)
.50 Th.: mmhm
.105 Th.: um..I think y'said something, I've stopped
Clt.: ..yeah, I waited, I waited-
Th.: o.k. yeah yeah, o.k. ..I waited, c'n y'say
Clt.: I waited t'see if um..t'see how, y'know if he
.55 would do it or he w-, he-, he wouldn' do it
.110 Th.: o.k.
Clt.: before I,

Subsegment c

c.01 Th.: o.k., is that unusual f'you Wendy, t'- t'stop
like that an to wait
Clt.: yeah usually before I'd like um//as I w's
.115 Th.: mmhm
.05 Clt.: saying Nicholas um, do y'homework..an I'd wan'
'im to- t', start doing 'is homework right away
an if he didn't//if he'd, I'd- I'd s- y'know I'd
Th.: ^o(mmhm)
.120 Clt.: get angry at him as-, start yelling at him
.10 Th.: ^o(mmhm)
Clt.: y'know I, told you that-, s'do y'homework now
Th.: yeah
Clt.: ^o(but now I'm..I'm not-, I guess, b'cause, my
.125 husband spoke t'me to an, //I felt a little
.15 Th.: mmhm
Clt.: calmer so I'm a little more relaxed)
Th.: o.k., so, y're thinking that-..maybe things
went a little better with you b'tween you an
.130 Nicholas, because..i-you're stopping now before
.20 you're//acting
Clt.: ^o(yyes)
Clt.: ^o(yeah)
Th.: a:n y'relating that, to maybe be:ing-, because
.135 y'had this talk with y'husband this week? ^o(an
.25 that w's helpfull or?)
Clt.: no I f-, I-..^o(not- not a- not that)

Th.: //mmhm
 Clt.: I felt..I felt a little, more relaxed, seein'
 .140 him an we spoke
 .30 Th.: oh kay,
 Clt.: b't-,
 Th.: o.k.
 Clt.: I wouldn't say 't th't w's..I think it's
 .145 b'cause I stopped an I-, I- I gave myself, a
 .35 little time
 Th.: oh k.
 Clt.: to relax in b'tween, b'fore, jjumping at him
 again or, y'know-

Subsegment d

d.01 Th.: it sounds like what y'r doing Wendy really is
 that-, these same situations are happening
 Nicholas hasn't changed you havn't changed life
 hasn't ((slight laugh)) changed a great deal,
 .05 th'same kind of situations are comming up,
 .155 y'still are getting upset if he's not, doing
 what he should do right away, an you are,
 tuning into th'signal, but what's different is
 that whereas before you acted out immediately,
 .10 th't now you're just stopping..//an giving
 .160 Clt.: °(yeah)
 Th.: y'self, y'r taking time
 Clt.: °(yeah)
 Th.: it's, an d'y'find th't when y'do that, what
 .15 d'y'find, lemme ask, you that, w- what's
 .165 th'reult of that when y'take y'r time- give
 y'rsel some time
 Clt.:I find I don't--like b'fore I'd get very
 upset, an it would get wo:rse somehow like
 .20 Th.: °(mmhm)
 .170 Clt.: I'd get ne:rvious
 Th.: °(mmhm)
 Clt.: now it's like..I wouldn' s- say relaxed but
 Th.: °(mmhm)
 .25 Clt.: I feel um....I don' feel so-, °(I can't explain
 .175 it- I can' explain it)....like I f- I f- I feel
 I'm being a little m- fairer with him
 Th.: °(I see)
 Clt.: and with myself too b'cause I usually- °(y'know
 .30 just get upset n nervous an, I feel-,) feel bad
 .180 with myself afterwards
 Th.: o.k., y'r giving y'rsel a break too it sounds
 like
 Clt.: yes, now i- I don't- I-..I feel I'm bein' a
 .35 little fairer with him, and I'm not, upsetting
 .185 myself unnecessarily like I used to

Subsegment e

e.01 Th.: what do you attribute that to Wendy, °(why do you
 think you've started to do that)
 Clt.: °(well, since I've been, talking to you I have

- been thinking y'know, like..it's not all as bad as-, as I used t'look at it..if I jus' y'know, really look at th'situation a little-, a little, more, calmly)
- .05 Th.: °(o.k.), so it sounds like what you're saying is that..on that scale, y'visualize that scale, something happens, y'get upset, th'mercury goes up to a certain point..if y'don't stop, an b'gin t'think about it th'mercury will continue t'rise an y'could blow y'r stack, an act out an do something you'll regret an feel terrible
- .10 about later an be unfair an all those negative things, but that if you c'n just stop y'rself as th'mercury starts t'rise, th't somehow something else seems t'take over in th'mi:nd
- .15 Clt.: °(it does)
- .20 Th.: it's interesting, an it sounds as though, if y'stop y'self at th'- at a low enough point on th'mercury//goodthings seem t'fill y'brain
- Clt.: °(you could ()
- Th.: good solutions
- .25 Clt.: yeah
- Th.: whereas if that mercury gets up too high, very poor solutions, come in
- Clt.: it's like you're- y'r out of control an you- can't think
- .30 Th.: yeah
- Subsegment g
- g.01 Clt.: °(because I-, I used to be like that with him)
- Th.: like- like what Wendy you mean
- Clt.: like you know get very angry with him I'd- I'd, yell at him or I'd-, or I'd hit 'im
- .05 Th.: yeah-
- Clt.: an I used t'feel bad an it never used t'work
- Th.: yeah, so it didn't work f'him an it w's making you feel terrible so you were into were into a vicious s-, cycle
- .225 Clt.: °(yes)
- .10 Th.: yeah, o.k., so i- I'm gonna put down there that um..um....that I've b'gun..t'stop..when-..when Nicholas upsets me....stopping..u:h..seems to help me..um, what would you say Wendy, how would you finish that sentence, stopping seems t'help me
- .230 .15 Clt.:°(get more control over th'situation)
- Th.: °(o.k.)
- Clt.: °(whereas I- (I wouldn't)....I wouldn't get that upset an I wouldn't, hurt)
- .235 .20 Th.: °(o.k.)
- Clt.: °(Nicholas more, than I want to)
- Th.: °(o.k., o.k., so what y'saying y'staying in th'contro:l zone than by just turning off the engine really)
- .240 .25 Clt.: °(yeah)

Th.: °(s'stop turn off the engine//this car is going in
 Clt.: °(yeah)
 Th.: the wrong it's not th'way I want it to go,
 .245 stop), I donno where I wanna go, all I know is I
 .30 wanna keep going in that direction
 Clt.: °(yes)
 Th.: °(stop)
 Clt.: °(yes)
 .250 Th.: °(o.k., o.k- I won't get more angry..at Nicholas,
 .35 than I want to....o.k. an perhaps hurt him..is
 that hit him or hurt him I don't remember what
 you said now)
 Clt.: °(hurt 'im or hit'im)
 .255 Th.: °(o.k., hurt-)
 .40 Clt.: °(sometimes I'd hit 'im and, other times I'd hurt
 'is feelings)
 Th.: yeah i- i- that in any case yeah
 Clt.: °(yeah)

SESSION 5: AUGUST 17, 1983

Segment F

- .565 Clt.: ..well one thing happened, y'know when we were
up, there um, °(I don't think th'kids-, kids
from one family are allowed to play with, kids
from another family)
Th.: they're not?
- .570 Clt.: °(no because, s- I think it's one a their
rules)
Th.: °(uhuh)
Clt.: so one a th'kids- some other kid had some cars
there//an um, he wan'ed t'go over an play with
Th.: °(mmhm)
- .575 Clt.: them
Th.: °(mmhm)
Clt.: °(and....he asked- he said daddy c'n I go over an
play with it an Daddy said that, I think so
y'know an I said, I don't think it's a good
.580 idea Bill, the officer is just gonna come over
an tell us-,) cause I've seen it happen//with
Th.: °(oh o.k.)
Clt.: other kids there..so, then he stopped y'know he
said um-, he wouldn' go, so, Daddy s'd what
.585 happened °(y'don' wanna go he says no b'cause
Mommy says not t'go)....y'know
Th.: mmhm
Clt.: an he looked at me, he w's-, like he w's- he
w's kind of, I wouldn' say shocked but he w's
.590 kinda surprised
Th.: Nicholas was
Clt.: no my husband was-
Th.: th't he h'd said it
Clt.: yeah, because usually in th' past is was always
.595 y'know, Daddy s-, Daddy says this is o.k. an
y'know..°(i- I-)
Th.: w- did y'say anything, did y'comment anything
on that
Clt.: um n- I told 'im that I don't think he should
.600 go over there
Th.: yeah b't when Bill said--gave us 'is reason,
no because Mommy said no
Clt.: yeah he s'd-
Th.: y'said Bill was surprised
.605 Clt.: yes he said- he said ((laughs))t'me, wadda y'do
y'beat 'im ((laughs)), t'listen t'you
Th.: yeah
Clt.: I s'd nno but, y'know I-..I said I'm th'father
.610 an mother now an I have t' draw th'line with
him I have t'make him listen t'me or else, h-
l- y'know I'd be nowhere I'll be..I would never
be able t', cope

- Th.: it sounds, so different now what y'saying Wendy
fr'm a few weeks ago when y'were so
.615 upset..several times, two th't I c'n remember
distinctly, about, feeling as though y'had no
power at all over Nicholas an waiting f'someone
else t'come along t'do th'job for you, an now
.620 what y'r saying is..I accept th'responsibility,
there is no one else at th'moment, I'm th'
parent, I have t'do it, there's two different
Wendy or two diffferent sides of Wendy th't
I'm-
- Cl.: I guess I always did but
.625 Th.: °(mmhm)
Cl.: in th'past it's like it was-..°(I thought it
was like a helpless situation somehow like I
needed-, I needed..'is- 'is father//that's)
Th.: °(yeah)
.630 Cl.: °(y'know)
Th.: °(yeah)
Cl.: because really my mother-, my mother doesn't do
too well with 'im she tries with him
Th.: °(mmhm)
.635 Cl.: she, y'know she gives him whatever she c- she
mostly gives him//t-
Th.: ahh-
Cl.: y'know instead of//tryin'a
Th.: mmhm
.640 Th.: mmhm
Cl.: I'd say, discipline 'im, she'd like pay 'im
t'be good
Th.: which is not discipline
Cl.: no
.645 Th.: no
Cl.: and..y'know w- there w's really no one else I
could, turn to, so I thought of I- I-, °(I
usually-, most of th'time think of my husband)
Th.: °(mm)
.650 Cl.: °(y'know I'm- y'know I'm helpless..I'm in
th'situation by myself what am I gonna do)
Th.: which w's true
Cl.: °(mm)
Th.: which really was true, y'did, just get left..
.655 with a growing boy, an a young baby..but, now
y'r sounding a little different it sounds like
you're saying now, I've accepted that, that's
th'way it is, and I c'n do it
Cl.: ..yes because I'm..I'm trying somehow to, be a
.660 little mo:re-..a little less angry, with every-
with every situation
Th.: everything, not just Nicholas
Cl.: right, °(with everything..and takin' it a little
..calmer-) a little more calmer °(y'know ()
.665 .. before like I used t'get so angry I'd- I
wouldn't be able to think)
Th.: °(mmhm)

- Clit.: and now like..all that anger °(that I used
 t'have before I don't have that much any more,
 .670 I still do get upset)
 Th.: °(yeah)
 Clit.: but not-, not-, °(I don't think-, I wouldn't say
 I-, even half as much as I used to..and)..I
 .675 could think more, °(think sometimes I don't think
 I come up with solutions but at least I could-
 I could stop myself from)..gettin' that, angry

The therapist's next speech begins segment G. It is included here because it answers Wendy's last statement.

- Th.: that's a very good point Wendy an it's
 something well worth remembering because, it's
 .680 true that sometimes you're not gonna come up
 with solutions..sometimes y'don't have th'power
 ..but if you can stop yourself, at le:ast at
 you point out, at least you c'n keep yourself
 from getting mo:re angry..an at least y'c'n keep
 .685 y'rself down in th'- in th'problem solving
zone, so that if there is a solution t'that
 problem, y'got a good chance of finding it,
 with a little work, that's th'key t'this whole
technique, that however you do it, whatever you
manage t'say t'yourself, th't helps you, when
 .690 you get this signal, I'm upset about that
 situation, I'm angry I'm upset I'm- something's
 bugging me, th't you c'n just first of all say
 ..I don't know what t'do about it b't I know
 th'first thing I'm gonna do, an that is, number
 .695 one I'm going to
 Clit.: yes
 Th.: stop...

SESSION 6: AUGUST 24, 1983

Segment DSubsegment a.

- a.01 Th.: ...o.k., now th'wayy, typical- ri:- th'way we usually begin, i::s to- unless there's something else th't you wanna-, to begin with especially
- .05 Clt.: ..(12)..well..a- I wanna say what I c- what I could see
Th.: °(mmhm)
Clt.: an improvement in Nicholas, he's still, //hard headed
Th.: hard headed
- .10 Clt.: y'know I still have t' tell 'im things// once
Th.: °(mmhm)
Clt.: or twice but
Th.: °(mmhm)
Clt.: like..that state that I-, that he was gettin inta, that I- I ssaw in him
- .15 Th.: mmhm
Clt.: a month ago
Th.: °(mmhm)
Clt.: ..he- it's- it's- it's not- I could seee if he's being more confident somehow
- .20 Th.: °(mmhm)
Clt.: ..(4)..°(I- I donno, if I'll be able t'explain this right
Th.: °(mmhm)
- .25 Clt.: but, he's more like a:-..a more happy child to me I c- I could say..I guess because I'm not hitting 'im as much as I used to
Th.: °(mmhm)
Clt.: °(and I- I try t'talk t'him even though sometimes I think he..is not listinin' but maybe he is I donno)
Th.: °(yeah)
Clt.: °(but)-
Th.: I guess we never do know, for absolute certain
- .30 Th.: but..it's//worth a try
Clt.: yeah
Clt.: yeah I sometimes I do get the impression that y'know he don' care what I-, what I say
Th.: °(mmhm)
- .35 Clt.: but..(3)..I think sometimes he do understand what I'm saying but he just doesn'-..so o.k. alright then y'know tell it t'me I do understand Mommy
Th.: °(mmhm)
- .40 Clt.: ..but he's a lot more..(4.5)..he's more happy somehow
Th.: that's interesting
Clt.: //yeah
Th.: yeah...

Subsegment b.

- b.01 Th.: ...how d- d'y- how d'y'see it Wendy what's the evidence for that
 Clt.: ..(4)..well..I think mai:nly--..well before- it's- I didn' have much time for him too, and..
 .05 Th.: O(o::h)
 Clt.: and then he- I guess he think maybe, I don' wanna hear what 'e has t'say, y'know I a I'm busy all th'time I'm//always doing something
 .10 Th.: yeah
 Clt.: ..and sometimes I tell 'im I s-, y'know Nicholas could you-, could you tell me later, let me just finish this now y'know an he- he prob'ly think I don' wanna hear what 'e has t'say
 .15 Th.: O(o.k.)
 Clt.: but now, like, even sometimes, I don' hear what he's sayin', I tell 'im go'head Nicholas I'm listeni:ng, y'know an I'll, be do- an sometimes I don' hear th'fu:ll story
 .20 Th.: yeah
 Clt.: y'know but I just wan'im t'know that, y'know..I have- I'm I'm Li:ssstening
 Th.: there's time for you Nicholas
 Clt.: yyess
 .25 Th.: yeah, you're important, you're way up in the list you're at least as important as th'dishes
 Clt.: ((laughs))right I've changed that, y'know whereas before//I used t'say later Nicholas, y'know
 .30 Th.: yeah
 Clt.: now-//now I- y'know I let'im go ahead..I let
 Th.: yeah
 Clt.: 'im ta:lk,...

Subsegment c.

- c.01 Clt.: ...and...(2.5)..we made a deal//y'know
 Th.: O(mmhm)
 Clt.: I- I tell 'im- I s'd y'know- I explained to him
 Th.: O(mmhm)
 .05 Clt.: y'know that I was seeing this lady because
 Th.: O(mmhm)
 Clt.: y'know d', problems I was having with 'im an other people were, complaining too much about// him
 .10 Th.: O(mmhm)
 Clt.: so, I said-, I told 'im- I said Nicholas, I never wan'ed t'hit you, an I still don' wanna hit you..but, you have to- you have t'help me, //y'know
 .15 Th.: O(mmhm)
 Clt.: ..what y'have to..meet me half way, y'know, so we're gonna make a deal I told//him, I said if
 Th.: O(mmhm)
 Clt.: you-, if you do what I tell you y'know an don'

- .20 let mee..have t'yellatyou
 Th.: °(mmhm)
 Clt.: or r'peat myself too often..the:n, everything
 will be fine y'know..an I won't have to hit you
 no more n have t'yell at you, so he just said
 .25 o.k., a little..but, he's just a kid 'e can't
 compeltely, hold out on his deal I know that I
 realize, that but he's been tryin', I could- I
 could tell, I could see
 Th.: °(yeah)
 .30 Clt.: especially this past week

Subsegment d.

- d.01 Th.: yeah, can we talk about then, b'cause it
 sounds like y'have something positive..t'report
 uh about th'last week..between you an Nicholas,
 what you're saying is..well this question was
 .05 there a time during the last week when you and
 Nicholas, got along unusually well..ah so it
sounds like what you're saying is iit's
different, there's something different
 Baby ?: ((expelling breath))
 Th.: I think it's time to a-((laughs)) to get more
 .10 food for this ((laughs)) young man ((breath)),
 //o::h
 Clt.: ((laughs)) (could use up) another bottle
 Th.: o::h ye:ah, oh, he's just growin'
 Clt.: °(I gotta get'im more a th'water, y'know)
 .15 Th.: ..(4)..°(yeah)
 Clt.: °(well)..(3)..I wouldn't say we like, had one
exceptional day were//everybody was fine
 Th.: °(uhuh)
 Th.: mmhm
 .20 Clt.: it- it wans' like that, we had//our little
 Th.: °(mmhm)
 Clt.: differences each day
 Th.: mmhm
 Clt.: but, i's that-..I didn't I foun' myself this pas'
 .25 week where..somehow a- things like went a
 little easier for me
 Th.: °(mmhm)
 Clt.: even though I was very ti:red, an I still had
 t'do my same//share-
 .30 Th.: yeah you've been working
 Clt.: share of everything
 Th.: yeah
 Clt.: but, °(I think somehow before, when I used t'do
 so much yelling- ix- I was- be exhausted like
 .35 from it, I'd be so), moreorless like..fed up,
 y'know
 Th.: yeah
 Clt.: °(like, now I- I- I don't have t'do that much
 yelling any more with him..and)
 .40 Th.: °(I wonder what, how that all?)-, what you're
 saying is that y'did have- last week, it did go

nicely between th'two of you, except when y'had ups nd downs

Clt.: ye:ah

.45 Th.: but overa:ll, it was a pretty good week

Clt.: yeah

Th.: for you...

Subsegment e.

e.01

...d'you- and-, so what y're saying is that your contribution t'that nice-, general an nice state- state of affairs is tha:t, you're saying, I didn't yell..so much

.05 Clt.: ^o(no)

Th.: so that was your contribution, that's why things went e- better between th'two of you..^o(yeah)

Clt.: I didn' look at it like that b'cause//I didn' yell

.10 Th.: oh, well how, yeah

Clt.: ..I guess because..I was looking in it- alit- on his side that, y'know

Th.: oh.k.

Clt.: ..he//um I gu- he=

.15 Th.: yeah

Clt.: w- I guess he was try:ing to- to be- be- t'be ni:ce, t'me..as he puts it//()

Th.: ye:ah

.20 Clt.: ..and..I find myself- I- I-, I wouldn't have e-, I wouldn't have to, go on in my way t'..I donno it was-, was an exceptional week though, it was li:ke

Th.: .yyea:h, are y'saying..that last week what you did- your contribution t'making things

.25 ni:ce..wa:s that you looked at things from Nicholas's?-..o- or you were observant about ho:w- what he was doing ur, how he was try:ing or y'noticed him more

.30 Clt.: yyes I think that's it, I was- a- I guess I put-..unconsciously I didn'//tell myself I'm

Th.: yeah

Clt.: gonna do it

Th.: yeah

.35 Clt.: it j- I guess it just happened, that u:m..I p- I paid more attention to 'im somehow

Th.: yeah..it sounds like that paid off

Clt.: ..it, did, it- that s- it- that's it- that's exactly what//I can't really..(3.5)..like

Th.: yeah

.40 Clt.: say exactly what happened what I did or what he did b'cause it wasn' anything that I really did ..or that he did, y'kno:w

Th.: yeah

Clt.: it's just that- I guess we both tried somehow-

.45 Th.: yeah, well what you're saying is that previous t'this you've been so busy, tha:t other things were higher on the list..a:nd that maybe..what

- Nicholas was perceiv:ing was that he was not
 that import'nt t'you..nd so, some of his-
- .50 Clt.: could've been
 Th.: upsetness an anger n, feeling r'jected n
 ignored, was getting played out in other places
- Clt.: ()
 Th.: and that now unconsciously, even though you
- .55 didn't consciously do it, somehow you're, tuned
 in more t'him
- Clt.: °(yyes)
 Th.: noticing, what 'e's doing, how he's feeling,
 what's different, uh an that somehow that's,
- .60 making it nicer b'tween the two of you
- Clt.: °(yyeah)
 Th.: could be..°(yeah)

POSTTEST SESSION: September 13, 1983

Initial SegmentSubsegment a

- a.01 Th.: allrighty let's, jump in..uh the first part begins with what we always talk about n that is, the actual experiences, with- with the children..was there a time during the last week
- .05 when you and the children or any one of them just didn't get along
- Cl.: ..yeah we had um-
- Th.: °(o.k. an who was that)
- Cl.: °(Nicholas)
- .10 Th.: °(o.k. c'n y'tell me now what happened)
- Cl.: °(well..(3)..well it w- it, we have our little differences
- Th.: mm//hm
- Cl.: y'know at home
- .15 Th.: °(mmhm)
- Cl.: but it didn't really get out of hand where I had to hit im or anything
- Th.: °(mmhm)
- Cl.: ..but um..my mother was, watching him..°(was it
- .20 the week before, last week)
- Th.: °(mmhm)
- Cl.: last Tuesday it was
- Th.: °(mmhm)
- Cl.: and um..uh when I got home she was very upset
- .25 //y'know
- Th.: °(mmhm)
- Cl.: but she di- she didn't say anything to me I saw she was up//set
- Th.: mmhm
- .30 Cl.: ..and um..she said Nicholas said something an s'said oh Nicholas don't start because you got on my nerves all day
- Th.: °(umhm)
- Cl.: so I-..y'know I ask her-, y'know
- .35 Th.: °(mmhm)
- Cl.: if he was a problem
- Th.: °(mm)
- Cl.: ..so she said no he wasn't a problem that he doesn't listen nd y'know he talks back t'her nd
- .40 he's disrespectful t'her he's- calls her gstupid nd
- Th.: °(mmhm)
- Cl.: y'know..and she thought, that he was-..because I- I- I got there, while he was, acting up again
- .45 Th.: °(mmhm)
- Cl.: while he was, showing off more because-, because I was there
- Th.: °(ahha)
- Cl.: y'know, an it w- it just- it sorta- I wouldn't
- .50 say got outa hand but um

- Th.: °(mmhm)
 Clt.: then I- I found out th't..all this time that she was watching Nicholas he was-, y'know//she
 Th.: °(o.k.)
 .55 Clt.: gave me the impression that he was being good
 Th.: ..°(o.k.)
 Clt.: ..but she, told me he was, very, disrespectful y'know, out of hand
 Th.: °(mmhm)
 .60 Clt.: ..and um..I asked- y'know when I got home I, asked Nicholas about it..he thought I was gonna hit 'im he didn't wanna tell me what he- y'know what n what he did
 Th.: mmhm
 .65 Clt.: I told 'im- I said I just want the truth Nicholas I'm not gonna hit you
 Th.: um, mmhm
 Clt.: just tell me the truth
 Th.: °(mmhm)
 .70 Clt.: but from what he tol' me, i- hesaid well..he would stand in front of the t.v. while she was watching it
 Th.: °(mmhm)
 Clt.: she tol'im t'sit down it meand he would stand up
 .75 Th.: °(mmhm)
 Clt.: and um..he would mimic her
 Th.: ..mm//hm
 Clt.: y'know..and if th'phone rings he would run for th'phone, he- grab th'phone an he wouldn' give- give it t'her
 .80 Th.: °(o.k.)
 Clt.: ..and little things like that nd
 Th.: ..it's interesting, he was very specific he remembered everything he did
 .85 Clt.: yes because I- I told 'im-I said
 Th.: yeah
 Clt.: try t'remember because I wanna know exactly
 Th.: yeah
 .90 Clt.: what y'did
 Th.: yeah uhuh
 Clt.: y'know so I could deal with it b'cause I- I said I'm not gonna hit you, I- I don't wanna hit you
 .95 Th.: o.k.
 Clt.: I just wan' us, t'be honest with each other
 Th.: o.k., °(o.k.)
 Clt.: ..but that was mainly, th- the only thing that was really- was-..big issue
 .100 Th.: mmhm
 Clt.: since last time
 Th.: o.k.

Subsegment b

- b.01 Clt.: is that-
 Th.: how unreasonable would you think that Nicholas w- had been..not at all somewhat or very little, pretty unreasonable or very unreasonable
 Clt.: I would say a little unreasonable
 .05 Th.: mmhm..o.k., somewhat, a little, o.k., and how angry or mad did his a- unreasonable behavior make you
 Clt.: well it didn't make me-, it- I didn't get mad because..of the fact that
 .10 Th.: mmhm
 Clt.: ..he was indoors all day my mother wasn't able to take him out
 Th.: why seee, o.k.
 Clt.: and..he- he's-
 .15 Th.: °(o.k.)
 Clt.: he's very active so I- he- he got bored and I think those little things-..oh my mother can't tolerate too much of, those little things//b-
 Th.: o.k.
 .20 Clt.: ..(2.5)..I just- a- y'know I try to- him that's th' reason why she was so upset because
 Th.: mmhm
 Clt.: y'know
 Th.: ..o.k.
 .25 Clt.: his- plus I think he-, an the talking- I told y'know-, he said he didn't curse at her he juss' said dumb
 Th.: I see
 Clt.: ..°(something happened an' he said she was stupid an' I said well that was wrong) y'know y', never-
 .30 Th.: ..mmhm
 Clt.: °(an he promised me he wouldn't say it again an ..I believed him..y'know that he wouldn't)

Subsegment c

- c.01 Th.: ..if you look back at that situation now Wendy, d'y'think that you could've- that you could've avoided it in any way..that's his behaving like that..d'y'think there's anything that you could've done..°(to avoid that)
 .05 Clt.: ..°(I don't think so)
 Th.: °(o.k.)
 Clt.: maybe if I was there I-, °(but I wasn't there so-)
 .10 Th.: °(y'had t'go t'work)
 Clt.: °(yeah)
 Th.: °(a'mean that's, not a, pleasure it's something y'need t'do
 Clt.: °(yeah)

Subsegment d

- d.01 Th.: o.k. ..um once you were in th'situation what did you like about the way you handled it
 Clt.: ..(2.5)..that I didn't get angry at him right out
- .05 Th.: mmhm..(2.5)..°(o.k.)
 Clt.: I- my mother- I could tell she didn' li:ke th'fact that..I didn', yell at him right there on the spot when she tol' me, or hi- or- or give 'im a spanking..a- somehow I got the impression she was expecting me t'do that
- .10 Th.: °(mmhm)
 Clt.: but I-, I said °(o.k. we're go home now an w-), I gonna ta- I'm gonna
- Th.: ..yeah
- .15 Clt.: y'know we're gonna talk about this Nicholas
 °(an)
 Th.: yeah
 Clt.: y'know
 is that what y' used t'do about it Wendy//is
- .20 Clt.: °(usually)
 Th.: that what you would-, so you've really-, you've gotten ahold of this
 Clt.: yeah..b'cause
 Th.: mmhm
- .25 Clt.: I, um, thinking now-, now that I realize that..maybe..I used t'do that spanking or yelling more to even please those people
 Th.: °(o::h)
 Clt.: then-
- .30 Th.: ..so you were behaving in a sense more like your mother's daughterthan your son's mother
 Clt.: °(t..right I think so)
 Th.: ..°(that happens..yeah)..but you are- you are a mother that's your first
- .35 Clt.: °(yeah)
 Th.: thing now it seems like you've, taken back..charge of that
 Clt.: °(yes //()
 Th.: y'know waiting
 Clt.: °(I feel- I feel good about it)
 Th.: °(yes, I think y'do very well and y'will do well),

Subsegment e

- e.01 Th.: ...what did y'not like °(about the way y'handled it..anything)
 Clt.: no I- I
 Th.: o.k. ..(2.5)..if the same thing happened again
- .05 Wendy or something similar to it how would you handle it
 Clt.: ..°(I think I would), handle it the same way

Subsegment f

f.01 Th.: °(mmhm..o.k.) ..(3.5)..now..how about..during
the last week or so was there a time when y'got
along unusually well..°(with, the kids)

Cl.: ..(5.5)..°(yyess)

.05 Th.: °(yeah o.k.)

Cl.: i- it- it-... y'know it's not like it- for brief
little moments though

Th.: yeah

Cl.: y'know, like..because I was so busy doing
.10 everything that I had like..a little time
t'sit down and we have fun together, but it
was, while I was doin something or wa:alking
home or something

Th.: o.k. ..is that something unusual from what
.15 th'typical, pattern had been

Cl.: yes because usually I'd say later n' no,
Nicholas

Th.: oh kay

Cl.: no I'm so tired we talk about it later and we
.20 never- I would never get to it

Th.: o.k. so what you're saying is I took a few
minutes..while..I was busy..to play a little..
with Nicholas ..(2.5)..and that before you
would not do that you would always- I'm too
.25 busy I'm too busy

Cl.: yeah//a-

Th.: sounds like you're finding those few minutes
now

Cl.: yeah I used t'put 'im off like//later Nicholas

.30 Th.: yeah

and-

Th.: yeah

Cl.: ..but now..like he's still expecting me- like
if he starts t'tell me he'd like-, what he'd
.35 like me t'do would be like stop n y'know, he-
h- probably think I'm not listenin' or

Th.: mmhm

Cl.: I don't wanna hear..an he said..he'd start over
.40 again I said Nicholas I heard you just continue
talking I just have to do this//but I'm

Th.: o.k.

Cl.: listenin' to you// ()

Th.: that seems like it's important to him to know
.45 you're s-, you're aware of him

Cl.: yes

Th.: that he's around

Cl.: °(yeah)

Th.: and that little bit works? with him

.50 Cl.: yeah he seemed to a- have accepted it b'cause
like he- he- would start repeating himself and
he'd say

Th.: mmhm

Cl.: see Mommy you're not listening, and I said yeah
Nicholas I'm listenin' I heard what y'said and
I//()

Th.: o.k.
 Clt.: I'd say betcha I could tell you what
 you said y'know
 .60 Th.: yeah
 Clt.: yeah
 Th.: so he's testing, sounds like he's uh not so
 sure, nd he wants to be sure that a-
 Clt.: yeah he's
 .65 Th.: yeah
 Clt.: °(yeah)
 Th.: I'm glad it's working
 Clt.: ..°(it is)

Subsegment g

g.01 Th.: how 'bout Nicholas, was there something hee,
 did th't made things kind of nice °(b'tween
 th'two of you..(3)..anything special that he
 said nd- or he did)..or didn't do
 .05 Clt.: ..(5)..°(little things he..I think..I wouldn't
 say anything big) th't I could remember
 //specifically
 Th.: mmhm
 Th.: mmhm
 .10 Clt.: but it's overall
 Th.: o.k.
 Clt.: pattern is- is-, it's more, pleasant somehow
 Th.: °(o.k.)
 Clt.: ..(3)..he still has 'is moments where, y'know
 .15 ..I would..at- at the point befo:re
 Th.: °(mmhm)
 Clt.: I was I would, probably just, yell at him
 Th.: °(mmhm)
 Clt.: y'know, but now I- I tend to overlook those
 .20 things °(somehow..b'cause)
 Th.: °(yeah)
 Clt.: I realize he is a child..°(y'//know)
 Th.: °(yeah), //so y've changed th'way y'look at
 Clt.: I °(think)-
 .25 Th.: him somewhat
 Clt.: yeah I think before I was..puttin 'im in a h-..
 I would say higher-, in a more grown-up
 bracket
 Th.: °(ohkay)
 .30 Clt.: where I was expecting too much of him
 Th.: °(o.k. o.k., I think that that's important for
 us o.k. so what you're saying is I s-y'see
 Nicholas more as a child now
 ..(3.5)..yeah) well I guess, part of what
 .35 that is also related t'the fact that y'seem
 t'see t'self more as a grown-up
 ..(2.5)..you were saying that
 y'thought maybe th'reason that you acted
 out against Nicholas sometimes was more
 t'please your mother..an other people which is

- .40 something a child does only a child wants
t'please grown-ups
- Clit.: ..yeah
- Th.: so maybe just th'fact of looking at y'self as a
grown-up..automatically makess-, makes it very
- .45 obvious//that he's a child
- Clit.: ^o(th't he's)
- Clit.: ^o(yeah I never thought of it that way)
- Th.: y'know everything fits in
- Clit.: ^o(yeah)
- .50 Th.: nothing, is isolated, everything always has a- a
consequence
- Clit.: I never- I would never would have looked at it
//that way
- Th.: yeah
- .55 Clit.: that way
- Th.: yeah,
- Clit.: ((laughs))
- Th.: well I think you started to look at a
lotta things in a different way Wendy nd it,
- .60 seems t'be helpful for you..t'look at ^o(some
things)..o.k. now we'll run through this here...
[tape continues]